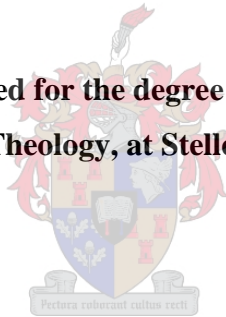


**EQUITY AND ACCESS FOR PERSONS WITH DISABILITY IN  
THEOLOGICAL EDUCATION, GHANA**

**by**

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**Dissertation presented for the degree of PhD in Missiology  
in the Faculty of Theology, at Stellenbosch University**



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December 2016

## **DECLARATION**

By submitting this dissertation electronically, I declare that the entirety of the work contained therein is my own original work, that I am the authorship owner thereof and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Signature:

Date: December 2016

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## ABSTRACT

Persons with disability in Ghana experience stigmatization, marginalization and exclusion from society; this accounts for their lack of participation in society, equitable access to the Christian life and theological education. By means of a qualitative approach, this study sought to investigate equity and access for persons with disability [blind persons, Deaf persons and persons with physical disability] in theological education in Ghana. The aim was to explore and realistically evaluate the cultural dimension of the stigmatization and exclusion they experience. In my endeavour to do so, a missiological approach to culture from a social constructionist perspective was employed to explore and to some extent realistically evaluate [context-mechanism-outcome (CMO) configurations] the social and theological factors that influence equal accessibility to theological education for persons with disability. The use of stigmatization and inculturation theology as a conceptual framework showed that the Ghanaian culture and traditional belief system has indeed influenced the interpretations and constructions of disability in the Ghanaian Christian context. The dialogue between the Ghanaian culture/traditional belief system and Christianity is a reflection of sociological-anthropological inculturation theology, which is an aspect of contextualization. The stigmatization and exclusion of persons with disability from theological education in Ghana was explored from a perspective that takes into account perceptions (worldview and meanings) of disability in the Ghanaian culture and also considers how these influence equal accessibility for persons with disability in theological education. Hence, contextualization is a relevant and appropriate way of making sense of the disability situation in Ghanaian Christianity and theological education. It was found that Ghanaian Christians construct disability as a curse and as being unacceptable in a similar manner as it is constructed in the Ghanaian culture itself. Consequently, constant pressure is exerted on persons with disability to be healed by means of exorcism, or through faith healing. However, if healing does not occur, the person is accused of lacking faith and the situation is compounded even further. It was therefore established that the churches and theological institutions need to realistically engage in dialogue from a disability theology and a *theological hermeneutic of disability* (Reynolds, 2008:34-35) perspective in order to integrate, include and embody persons with disability in their ministries and activities. The Ghanaian culture and Bible were thus proposed as two interventions, among others, for equal accessibility for persons with disability in theological education. Although the Ghanaian culture has negatively influenced stigmatization and the exclusion of persons with disability from society at large, and theological education in particular, I suggest that the same culture can also be viewed as an intervening resource. In the final chapter, I list a number of recommendations as ways forward to resolve/address this issue. In addition, I propose that Ghanaian churches and theological institutions as instruments involved in God's mission have the task of ensuring equal accessibility for persons with disability in theological education. To conclude, from a *missio Dei* dimension, Ghanaian churches and theological institutions as instruments involved in the mission of God need to be all-inclusive in all their ministries and activities without any form of discrimination, stigmatization or exclusion. Hence, it is only when persons with disability are ensured equal access to churches and theological institutions in Ghana, that they can reflect their true involvement in the *missio Dei*.

## OPSOMMING

Persone met gestremdhede ervaar stigmatisering, marginalisering, en uitsluiting van die samelewing; dit verduidelik hul gebrek aan deelname in die samelewing, billike toegang tot die Christelike lewe en teologiese opleiding. Deur middel van 'n kwalitatiewe benadering, poog hierdie studie om billikheid en toegang vir persone met gestremdhede [blinde mense, dowe mense en mense met fisiese gestremdhede] in teologiese opleiding in Ghana, te ondersoek. Die doel was om die kulturele dimensie van die stigmatisering en uitsluiting wat hulle ervaar, te verken en realisties te evalueer. In my strewe om dit te doen is 'n missiologiese benadering tot kultuur vanuit 'n sosiaal-konstruksionistiese oogpunt aangewend om die sosiale en teologiese faktore wat billike toegang tot teologiese opleiding beïnvloed te verken en in 'n sekere mate, realisties te evalueer (konteks-meganisme-uitslag [KMU]-konfigurاسies). Die gebruik van stigmatiserings- en inkulturasieteologie as 'n konsepraamwerk toon dat die Ghanese kultuur en tradisionele geloofstelsel wel die interpretاسies en konstruksies van gestremdheid in die Christelike Ghanese konteks beïnvloed het. Die dialoog tussen die Ghanese kultuur / tradisionele geloofstelsel en die Christendom is 'n refleksie van die sosiologiese, antropologiese inkulturasieteologie, wat 'n aspek is van kontekstualisering. Die stigmatisering en uitsluiting van persone met gestremdhede tot teologiese opleiding in Ghana is vanuit 'n perspektief verken wat rekening hou met opvattinge (wêreldbeskouing en betekenis) van gestremdheid in die Ghanese kultuur en ook oorweeg hoe hierdie aspekte gelyke toegang vir persone met gestremdhede in teologiese opleiding beïnvloed. Kontekstualisering is dus 'n relevante en toepaslike metode om sin te maak van die gestremdhedsituاسie in Ghanese Christendom en teologiese opleiding. Daar is bevind dat Ghanese Christene gestremdheid as 'n vloek konseptualiseer en as onaanvaarbaar op dieselfde manier as wat dit in die Ghanese kultuur self gekonseptualiseer word. Daarvolgens word daar onophoudelik druk geplaas op persone met gestremdhede om genees te word deur middel van duiweluitdrywing of deur geloofsgenesing. Indien genesing dan nie plaasvind nie, word daardie persoon aangekla van 'n gebrek aan geloof en die situاسie vererger dan verder. Dit is dus vasgestel dat die kerke en teologiese institute realisties moet deelneem aan die dialoog vanuit die perspektief van gestremdheidsteologie en "a theological hermeneutic of disability" (Reynolds, 2008:34-35) om persone met gestremdhede te kan integreer en inkorporeer in hul bediening en aktiwiteite. Die Ghanese kultuur en Bybel is dus onder meer aangebied as twee ingrypings wat gelyke toegang sou kon bewerkstellig vir mense met gestremdhede in die teologiese opleiding. Alhoewel die Ghanese kultuur die stigmatisering en uitsluiting van mense met gestremdhede in die samelewing in die breë en spesifiek met betrekking tot teologiese opvoeding negatief beïnvloed het, stel ek voor dat dieselfde kultuur ook as 'n ingrypende hulpbron gesien kan word. In die finale hoofstuk word daar 'n aantal aanbevelings gemaak as maniere om voorts hierdie vraagstuk aan te spreek. Daarby stel ek voor dat Ghanese kerke en teologiese institute as instrumente wat betrokke is by God se missie, die taak het om gelyke toegang vir persone met gestremdhede in teologiese opleiding te verseker. As slotsom: Vanaf 'n *missio Dei* dimensie, behoort Ghanese kerke en teologiese institute as instrumente betrokke by God se missie in al hul bedienings en aktiwiteite, sonder enige vorm van diskriminasie, stigmatisering of uitsluiting, heeltemal inklusief te wees. Dit is dus slegs indien persone met gestremdhede verseker kan wees van gelyke toegang tot kerke en teologiese instansies in Ghana, dat hulle 'n werklike betrokkenheid met die *missio Dei* kan reflekteer.

## TABLE OF CONTENTS

DECLARATION.....	II
ABSTRACT.....	III
OPSOMMING.....	IV
TABLE OF CONTENTS.....	V
ACKNOWLEDGMENTS .....	X
DEDICATION .....	XII
LIST OF FIGURES.....	XIII
LIST OF TABLES .....	XIV
ACRONYMS.....	XV
CHAPTER ONE.....	1
INTRODUCTION .....	1
1.1. INTRODUCTION AND BACKGROUND TO THE STUDY .....	1
1.1.1. <i>Motivation</i> .....	2
1.1.2. <i>Background to the study</i> .....	5
1.2. STATEMENT OF THE PROBLEM .....	9
1.3. RESEARCH QUESTION .....	9
1.4. RESEARCH OBJECTIVES .....	10
1.5. ONTOLOGY AND EPISTEMOLOGY.....	10
1.5.1. <i>Ontological assumptions</i> .....	11
1.5.2. <i>Epistemological assumptions</i> .....	12
1.6. CONCEPTUAL FRAMEWORK .....	13
1.6.1. <i>Missiological concepts</i> .....	13
1.6.2. <i>Stigma-Theory</i> .....	18
1.7. RESEARCH DESIGN AND METHODOLOGY .....	22
1.7.1. <i>Methodology and Design</i> .....	23
1.7.2. <i>Sample and Data collection</i> .....	27
1.7.3. <i>Data analysis</i> .....	29
1.8. RESEARCH ETHICS.....	30
1.9. FUNCTIONAL DEFINITIONS.....	30
1.9.1. <i>Persons with disability</i> .....	30
1.9.2. <i>Blind Persons</i> .....	30
1.9.3. <i>Deaf persons</i> .....	30
1.9.4. <i>Equity</i> .....	30
1.9.5. <i>Access</i> .....	31
1.9.6. <i>Inclusion</i> .....	31
1.9.7. <i>Exclusion</i> .....	31
1.9.8. <i>Participation</i> .....	31

1.9.9. Theological Education .....	31
1.9.10. Culture .....	31
1.9.11. Traditional belief system .....	32
1.9.12. Ghanaian Church .....	32
1.10. CHAPTER OUTLINE .....	32
1.11. CONCLUSION .....	33
<b>CHAPTER TWO .....</b>	<b>34</b>
<b>THE SITUATION REGARDING DISABILITY IN GHANA.....</b>	<b>34</b>
2.1. INTRODUCTION .....	34
2.2. GHANAIAAN CULTURE AS A RESOURCE .....	34
2.3. POPULATION OF PERSONS WITH DISABILITY IN GHANA .....	37
2.4. LAWS AND POLICIES ON DISABILITY IN GHANA .....	38
2.4.1. <i>Some Disability laws in the Constitution of Ghana</i> .....	38
2.4.2. <i>Ghana Disability Act 715 (2006)</i> .....	40
2.5. SOCIO-CULTURAL PERSPECTIVE OF DISABILITY IN GHANA .....	43
2.5.1. <i>The Ghanaian culture, an epitome of unity and hospitality</i> .....	43
2.5.2. <i>Disability and culture in Ghana</i> .....	45
2.5.3. <i>Family attitudes towards persons with disability in Ghana</i> .....	47
2.6. DISABILITY AND RELIGION IN GHANA.....	50
2.7. PERCEPTIONS AND ATTITUDES OF PERSONS WITH DISABILITY IN GHANA .....	51
2.8. CONCLUSION .....	52
<b>CHAPTER THREE .....</b>	<b>53</b>
<b>THEOLOGICAL CONCEPTUAL FRAMEWORK OF STIGMA AND DISABILITY .....</b>	<b>53</b>
3.1. INTRODUCTION .....	53
3.2. CONCEPTUALIZATION OF THE SOCIAL ASPECTS OF DISABILITY .....	54
3.2.1. <i>Disability</i> .....	54
3.2.1.1. The World Health Organization's description of disability .....	54
3.2.1.2. Social interpretations of disability .....	55
3.2.2. <i>Disability and 'Ubuntu'</i> .....	58
3.2.3. <i>Conceptualizing stigma and disability</i> .....	59
3.2.3.1. Goffman: stigma-theory .....	60
3.2.3.2. Other views of stigma.....	63
3.3. THEOLOGICAL DISCOURSE ON DISABILITY .....	65
3.3.1. <i>Disability and embodiment</i> .....	66
3.3.2. <i>The Disabled God</i> .....	67
3.3.3. <i>A feminist theology of disability</i> .....	68
3.3.4. <i>Disability and human dignity</i> .....	69
3.3.5. <i>Disability and suffering</i> .....	70
3.3.6. <i>Disability and vulnerability</i> .....	71
3.3.7. <i>Disability and care/hospitality</i> .....	72
3.4. <i>MISSIO DEI</i> THEOLOGY AND DISABILITY.....	73
3.5. CENTRAL BIBLICAL TEXTS ON DISABILITY AND STIGMA.....	77
3.5.1. <i>Holiness/purity code: Leviticus 21:17-23</i> .....	79

3.5.2. <i>John 9:1-41</i> .....	81
3.6. THEOLOGICAL REFLECTION ON DISABILITY AND STIGMA .....	82
3.6.1. <i>Swinton's theological concept of disability</i> .....	83
3.6.2. <i>Disability and Image of God (imago Dei)</i> .....	88
3.6.3. <i>Disability and sin/curse</i> .....	90
3.6.4. <i>Disability and faith/healing</i> .....	93
3.7. DISABILITY AND THEOLOGICAL EDUCATION .....	98
3.8. CONCLUSION .....	103
<b>CHAPTER FOUR</b> .....	<b>104</b>
<b>DATA AND ANALYSIS - LACK OF PARTICIPATION AND EXCLUSION OF PERSONS WITH DISABILITY IN GHANA</b> .....	<b>104</b>
4.1. INTRODUCTION .....	104
4.2. DATA ANALYSIS METHODOLOGY.....	104
4.2.1. <i>Inculturation: a relevant approach to disability discourse</i> .....	107
4.2.1.1. Inculturation in Ghana .....	112
4.2.2. <i>Practical theological reflection: (Swinton &amp; Mowat, 2006)</i> .....	113
4.2.3. <i>Stage One: Current praxis/the situation</i> .....	114
4.2.4. <i>Stage Two: Cultural/contextual analysis</i> .....	114
4.2.5. <i>Stage Three: Theological reflection</i> .....	114
4.2.6. <i>Stage Four: Formulating revised forms of practice</i> .....	115
4.3. ATLAS.TI RELEVANT TERMS .....	115
4.4. CODING (CODE BOOK) .....	116
4.4.1. <i>Code list for participants</i> .....	116
4.4.2. <i>Primary document families</i> .....	117
4.4.3. <i>ATLAS.ti Code list</i> .....	117
4.4.4. <i>Code Families</i> .....	117
4.5. REFLEXIVITY.....	119
4.6. FINDINGS AND ANALYSIS .....	119
4.6.1. <i>Social constructions and perceptions on disability in Ghana</i> .....	121
4.6.1.1. What is disability?.....	122
4.6.1.2. Disability as a curse .....	125
4.6.2. <i>Attitudes towards persons with disability in Ghana</i> .....	129
4.6.2.1. Stigmatization of persons with disability in Ghana.....	129
4.6.2.2. Exclusion of persons with disability from Ghanaian society .....	135
4.6.2.3. Lack of participation for persons with disability in Ghana .....	141
4.7. CONCLUSION .....	143
<b>CHAPTER FIVE</b> .....	<b>145</b>
<b>FINDINGS AND DATA ANALYSIS - EXCLUSION OF PERSONS WITH DISABILITY FROM THEOLOGICAL EDUCATION IN GHANA</b> .....	<b>145</b>
5.1. INTRODUCTION .....	145
5.2. PASTORAL/PRAxis CYCLE .....	146
5.3. THE GHANAIA N CHURCH AND DISABILITY .....	149
5.3.1. <i>Accessibility for persons with disability in Ghanaian churches</i> .....	152
5.3.1.1. Access for persons with physical disability .....	152

5.3.1.2. Accessibility for Blind persons .....	153
5.3.1.3. Accessibility for Deaf persons.....	154
5.3.1.4. Observation at a church which includes Deaf persons .....	155
5.3.2. <i>Christian perceptions of disability and faith/healing in Ghana</i> .....	157
5.3.3. <i>The Bible and stigmatization of persons with disability in Ghana</i> .....	162
5.4. DISABILITY AND THEOLOGICAL EDUCATION IN GHANA.....	166
5.4.1. <i>Disability and pastoral ministry</i> .....	166
5.4.2. <i>Experiences of persons with disability pertaining to ministers in Ghana</i> .....	170
5.4.3. <i>Accessibility for persons with disability in Ghana in theological education</i> .....	171
5.4.3.1. Physical accessibility .....	171
5.4.3.2. Experiences of persons with disability in theological institutions in Ghana .....	173
5.5. CONCLUSION .....	175
<b>CHAPTER SIX .....</b>	<b>177</b>
<b>CONCLUSIONS AND RECOMMENDATIONS – .....</b>	<b>177</b>
<b>EQUITY AND ACCESS FOR PERSONS WITH DISABILITY IN THEOLOGICAL EDUCATION, GHANA</b> <b>.....</b>	<b>177</b>
6.1. INTRODUCTION .....	177
6.2. CONCLUSIONS ON QUALITATIVE RESEARCH APPROACH .....	178
6.2.1. <i>Conclusions on research questions and purpose of the study</i> .....	178
6.2.2. <i>Conclusions on research methodology and design</i> .....	181
6.2.2.1. Qualitative approach .....	181
6.2.2.2. Social constructionism .....	181
6.2.2.3. Cultural research .....	182
6.2.2.4. Realistic evaluation.....	183
6.2.2.5. Missiological and interreligious theological Research .....	184
6.3. CONCLUSION OF FINDINGS .....	185
6.3.1. <i>Socio-cultural constructions of disability and inculturation in Ghana</i> .....	186
6.3.2. <i>The Ghanaian society, church and disability: A missiological/theological reflection</i> .....	187
6.3.3. <i>Faith/healing and disability in the Ghanaian Church</i> .....	189
6.3.4. <i>Disability and theological education in Ghana</i> .....	191
6.4. LIMITATIONS .....	192
6.5. RELIABILITY .....	193
6.6. RECOMMENDATIONS .....	194
6.6.1. <i>Reconstructing perceptions of disability in Ghana</i> .....	195
6.6.2. <i>The Ghanaian culture as a resource for change (inculturation)</i> .....	196
6.6.3. <i>Missiological focus for Ghanaian churches and theological institutions</i> .....	198
6.6.4. <i>Biblical texts on disability: The Bible as an intervention</i> .....	200
6.6.5. <i>Theological institutions: A reflection beyond obligation</i> .....	201
6.6.6. <i>The United Church</i> .....	202
6.6.7. <i>World Council of Churches (WCC) and disability</i> .....	202
6.6.8. <i>Ten practical tips for becoming a disability friendly church [and theological institution] modified from RAMP UP and DisAbility Connexion (Möller &amp; Watt)</i> .....	204
6.7. AVENUES FOR FURTHER RESEARCH .....	205
6.8. CONCLUSION .....	206



<b>BIBLIOGRAPHY.....</b>	<b>209</b>
<b>APPENDICES .....</b>	<b>224</b>
APPENDIX 1 .....	224
APPENDIX 2 .....	231

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## **DEDICATION**

I dedicate this dissertation to my daughter Justine: You made a lot of sacrifices during the course of this study. You are greatly appreciated, thank you!

## LIST OF FIGURES

FIGURE 1. PRACTICAL THEOLOGICAL REFLECTION (SWINTON & MOWAT, 2006). .....	113
FIGURE 2. ATLAS.TI NETWORK OF SUMMATIVE CONCLUSION OF CHAPTER FOUR. ....	121
FIGURE 3. PRAXIS MATRIX (KRITZINGER, 2013:37).....	147
FIGURE 4. ATLAS.TI NETWORK VIEW OF SUMMATIVE CONCLUSION OF CHAPTER FIVE. ....	151

## LIST OF TABLES

TABLE 1. CODE LIST FOR PARTICIPANTS .....	116
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## ACRONYMS

AIDS	Acquired immune deficiency syndrome
ATLAS.ti	Archiv für Technik, Lebenswelt, AlltagsSprache
BBC	British Broadcasting Corporation
CCM	Constant comparative method
CMO	Context Mechanisms Outcomes
EDAN	Ecumenical Disabilities Advocates Network
GFD	Ghana Federation of the Disabled
GNAD	Ghana National Association of the Deaf
HIV	Human immunodeficiency virus
HU	Hermeneutic Unit
JPC	Justice and Peace Creation Team
NAB	The National Accreditation Board
PD	Primary document
QCA	Qualitative content analysis
QDA	Qualitative data analysis
SL	Sign Language
UD	Universal Design
UDL	Universal Design for Learning
UN	United Nations

UNESCO	United Nations Educational, Scientific and Cultural Organization
UNISA	University of South Africa
VSO	Voluntary Service Overseas
WCC	World Council of Churches
WHO	World Health Organization



## CHAPTER ONE

### Introduction

#### 1.1. Introduction and background to the study

This dissertation titled, ‘Equity and access for persons with disability in theological education, Ghana,’ is a missiological study that seeks to explore the socio-cultural and theological factors that influence persons with disability and their equal access to theological education in Ghana. The theological focus of the study is the all-inclusivity of the *missio Dei* (Bosch, 1991:28; Bevans & Schroeder, 2004:348,369), whereas the socio-cultural aspects are focused on stigmatization and inculturation as a conceptual framework. Chapter one provides a general introduction to the entire study and presents the motivation and background to the research, as well as the research problem and questions. This study is also located within the discipline of missiology. It draws on some of the conceptual, methodological and practical perspectives of Swinton, a practical theologian, as well as the social sciences, which makes this research interdisciplinary in nature. However, it must be noted that I use interdisciplinary in the sense that this study is basically missiological but the concepts, theories and methodological framework employed are from practical theology and the social sciences. Further explained in this chapter, are the aims and objectives of the study, as well as theoretical framework, research design and methodology. Ethical considerations are also considered; the chapter concludes with a brief description of relevant terms and includes the chapter outline for this dissertation. Chapter one therefore provides an overview of the entire research study as a whole.

It is common knowledge that persons with disability in Ghana are a marginalized group in society. People who are marginalized face the difficulty of equally accessing privileges, rights and resources. Even though there are policies that should ensure that persons with disability are equally integrated and included into society, it is obvious that they experience stigmatization, stereotyping, categorization, labelling, prejudice, discrimination and exclusion, amongst others (cf. GFD: Ghana Federation of the Disabled, 2008; Slikker, 2009:17<sup>1</sup>; Baffoe, 2013:18). It is scarce to find persons with disability in

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<sup>1</sup> *The Disability Situation in Ghana*. 2008. Ghana Federation of the Disabled. [Online] Viewed from: [www.gfdgh.org/disability%20in%20ghana.html](http://www.gfdgh.org/disability%20in%20ghana.html). [Date accessed: January 2015].

According to the World Health Organization (WHO), there are more than 600 million persons with disability in the world, of which approximately 80% live in low-income countries. In most developing countries, including Ghana, persons with disability constitute an impoverished marginalized group, characterized by lack of access to public health, education, and other social services that would ideally support and protect them. Economically as well socially, persons with disability in developing countries are classified among the poorest of the poor. Persons with disability in Ghana are often regarded as unproductive and incapable of contributing positively to society,

positions of Christian leadership in Ghana, i.e. serving as pastors, elders, teachers and deacons. This reality indicates the dire need for this research. This dissertation therefore explores the various responses to the reality of stigmatization and the exclusion of persons with disability from theological education in Ghana, focusing on a number of social and theological factors, particularly the influence of the Ghanaian culture and traditional belief system in this regard.

The chapters of this dissertation address pertinent aspects related to this study/topic, as is outlined in the concluding section of this chapter. In general, the first section introduces the main concepts and theoretical framework, which will later inform the data analysis. The construction and interpretation of disability depends on which concept is applied, as well as the vantage point or context one is approaching the subject from (McNair & Sanchez, 2008:36). Although a general overview of disability is provided, the focus is on some of the social and theological aspects depicted in the responses to stigmatization and disability, and how these may possibly influence the exclusion of persons with disability from Christian life and theological education. The research explores the attribute of disability to generational curses and sin in most African societies, including Ghana (Avoke, 2002:771; Baffoe, 2013:189; Chataika, 2013:118; Shiriko, 2011:171; Slikker, 2009:14), and how this may possibly impact on the stigmatization of persons with disability and their equal access to theological education. This dissertation further explores whether the current preaching trends on faith, healing and miracles, mostly by Pentecostals and Charismatics, have any influence on the accessibility for persons with disability in theological education in this country. The study concludes with recommendations that are likely to address the inclusion and integration of persons with disability in church communities, and the possible impact this has on accessing theological education and pastoral ministry for persons with disability. The following sub-section provides the motivation for the study.

### **1.1.1. Motivation**

This study has been motivated by personal experience, as Mauthner & Doucet (2003:413) acknowledge reflexivity in qualitative research. The following forms part of the motivation for this study: a brief investigation of the opportunities, the current reality of persons with disability, and the dynamics of inclusion and exclusion as responses to this reality in Ghana. In particular, the focus will be on the practices and process of stigmatization and exclusion, and conversely, de-stigmatization and inclusion in different public spaces (state, education and church).

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and are rather seen as an economic burden on the family and the society at large, which leaves them in a vicious cycle of poverty. In developing countries there are rarely strong disability movements actively working to improve their living conditions. They are often weakly represented in civil society, and Ghana is no exception (Slikker, 2009).

Regarding my interest in education, in 1996 I was posted to do my national service at the Cape Coast School for the Deaf in the Central Region of Ghana. Having no prior knowledge of Sign Language, I wondered how I would teach. There were three of us who were national service personnel. On our first day at school, we were taken through orientation, which required signing the alphabet and some numbers. It was new, fun and interesting for all of us, as we had never had such an experience before. After one week of orientation, we were each assigned to a class teacher. After a month under supervision we started teaching. I always wondered if the pupils actually understood me. This is the plight of many teachers at special schools. Not all of them have formal training regarding disability, and most especially, in Sign Language. Notwithstanding, the older teachers were very good at signing and communicated exceptionally well with the Deaf pupils.

Even though some of the pupils were brilliant, I realized that there was a big gap after their junior secondary level of schooling ended, because they were not easily included in the mainstream senior secondary schools due to communication barriers. I have always wondered how I could contribute, albeit in a small way, to the inclusion of persons with disability in society. Being a minister of the Gospel and a seminary lecturer, this experience motivated the writing of this dissertation and serves as my way of contributing to the equal inclusion of persons with disability in society, particularly focusing on their religious life.

With regards to the attitudes of Ghanaian churches towards persons with disability, I have also experienced diverse reactions from Christians and pastors when a family member faced a crisis situation due to a disability. Although this disability is not very obvious, crisis situations are normally serious and require hospitalization. Such moments are difficult, and disappointingly, some pastors have not made it any easier. Immediate reactions included praying for healing, accompanied by comments such as: “you must have enough faith,” “you must go through deliverance,” “this is not your portion,” and “you must claim your healing,” and so on. The impression given was that my family does not have enough faith, or have not prayed enough, or have refused to take possession of what is rightfully theirs. This experience is quite disheartening and has also motivated this research, especially the theological reflection on disability and stigma.

Pastor Nick Vujicic, an Australian, was born without arms or legs, but is nonetheless, being used by God to evangelize across the world. His life as a pastor and his ministry serves as another motivation for this study, as it demonstrates that persons with disability can be included in pastoral ministry.<sup>2</sup>

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<sup>2</sup> Nick Vujicic. *Life without limbs*. [online]. Viewed from: <http://www.lifewithoutlimbs.org/>. [Date accessed: June 2012].

With regards to the previous research and identified gap in the literature, numerous scholars have broadly researched the subject of disability in various disciplines from diverse perspectives. Nancy Eiesland, Deborah Creamer, Thomas Reynolds, Block, and many others, have written on disability from a theological perspective, focusing more on liberation theologies of disability, for instance: embodiment, Vulnerable God, Disabled God, etc. They emphasise taking into account the experiences of persons with disability in theological interpretations of disability in such a way that they are included. Juliana Claassens (2013), and others, have also reread the story of Job through the hermeneutical lens of disability, trying to challenge stigma and stereotypes that persons with disability commonly experience. It should be noted that the above-mentioned scholars have concentrated on liberation theologies of disability. Black (1996) does homiletics on disability. Conner (2015:15), who is a missiologist, attests that missiology has not yet made much of a contribution to the theological conversation on disability. This demonstrates the necessity for this research within the discipline of missiology.

In Africa, Samuel Kabue, Shiriko, Esther Mombo, Samuel Githugu, Wati Lonchar, Joseph Galgago, David Kiare, to name a few, have written on disability, society and theology. Most of these writers are either persons with disability or related to persons with disability. In their writings, they share their experiences regarding the exclusion and lack of participation persons with disability experience in society, churches and theological education in the East African context. Chataika (2013) writes from a feminist perspective and talks about the double discrimination and exclusion women with disability experience in Africa. Möller (2013) also writes on the experiences of persons with disability in churches from a South African perspective.

In Ghana, disability has mostly been researched from the perspective of social work and special education. Agbenyega (2007 & 2011) writes on inclusive education; Baffoe (2013) has also written on the stigmatization, marginalisation and discrimination persons with disability in Ghana encounter. Slikker (2009) has researched attitudes towards persons with disability in Ghana. Avoke (2001 & 2002), among others, cannot be left out of the conversation on disability. Even though they mention the influence that culture has had on the attitudes of Ghanaians towards persons with disability, their studies do not use culture as the main point of departure. Neither do they address the topic from a theological perspective, as in the case of this study. In addition, John Swinton, a practical theologian, has well researched the subject of disability and has also written extensively on intellectual disabilities and pastoral care. His concepts and theory forms the main point of departure for this study.

I commend all the aforementioned scholars for their enormous contribution to the field of disability. Most of those writing on a liberation theology of disability have mentioned the impact that culture has had on people's attitudes towards persons with disability, in their various contexts. I take this one step

further and use culture as a lens to explore and realistically evaluate the influence of culture on the stigmatization and the exclusion of persons with disability in society and Christian communities, particularly focusing on the Ghanaian context. This may be mentioned indirectly, but it is not the actual lens from which disability has been viewed. In the same way, in Africa, most of those writing on disability have mentioned the impact that the African culture has had on the exclusion of persons with disability from society, but this often manifests as a negative attitude towards persons with disability. Most importantly, there is no evidence of any research on equity and access to theological education for persons with disability in Ghana. This stresses the importance of this study.

This dissertation therefore seeks to make a contribution to the field of disability, theology and missiology by using the Ghanaian culture as a tool to explore the exclusion, lack of participation, and sufferance of persons with disability regarding equal accessibility to theological education in Ghana. It must also be noted that Swinton, who is used as a point of departure, approaches disability from the perspective of pastoral care, whereas I follow a missiological approach, advocating for relevant and significant transformation in any of the policies or praxis in the churches and theological institutions in Ghana, which may be hindering the integration and inclusion of persons with disability.

This study seeks to explore the socio-cultural and theological factors that may be influencing stigmatization and exclusion of persons with disability in Ghana regarding theological education. Therefore, this research is motivated by a strong desire to see persons with disability fully and equally integrated and included in the Ghanaian society at large. It also explores the influence that the Ghanaian culture has on how Christians construct disability, and the effect these constructions have on their equal inclusion in church life and theological education.

### **1.1.2. Background to the study**

This research explores the socio-cultural and theological factors that influence the stigmatization of persons with disability in Ghana and the implication of these on the equal accessibility for persons with disability in theological education. Persons with disability are people who live with various impairments in their physical or sensory functioning and often depend on devices such as canes, wheelchairs and crutches to move around, as well as aids to enhance their sensory impairments. Due to societal barriers, these individuals often have difficulty accessing buildings or rooms, seeing the environment they find themselves in, hearing what others around them are saying, or engaging in conversation by means of speech (Kabue, 2011:4-7). There are many different types of disabilities, but the scope of this research is limited to blind persons (persons with complete or total loss of vision), Deaf persons,<sup>3</sup> and persons

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<sup>3</sup> Deaf persons mostly have profound hearing loss, which implies very little or no hearing. They often use sign language for communication. In this study, the term 'Deaf' refers to persons with both hearing loss and speech/language impairment. I am aware of the fact that not all persons with hearing loss have a speech

with physical disability (people who have some type of mobility impairment that requires the use of adaptive equipment such as walking sticks, crutches, walkers, wheelchairs, or scooters).

Ghana is no different from other African societies where disability is viewed as being a curse on a family due to an abomination committed by a person with disability, or by a relative or an ancestor (Slikker, 2009:13-15; Avoke, 2002:771). Social constructions of disability have often resulted in the exclusion of persons with disability from social life and, in most cases, extreme exclusion from the Christian life, where it is scarce to find accessible churches (McNair & Sanchez, 2008:40). This has a possible impact on the accessibility to theological institutions. In addition, persons with disability are often discriminated against or neglected in various ways owing to the common assumption that they cannot contribute productively to society. They are often seen as a burden to their families, friends and communities, so they receive little or no attention from those who should encourage and empower them, and give them a sense of belonging and self-worth. In Ghana, persons with disability experience discrimination from society and other societal barriers due the perception that disability is a curse (Shiriko, 2011:171; Baffoe 2013:188). My aim is to further investigate the impact this perception (disability as a curse) has on the equal accessibility for persons with disability in theological education in Ghana.

Observable evidences show that when the government, nongovernmental organisations, philanthropists, churches and the like consider empowering persons with disability, what comes to mind is vocational training such as carving, dressmaking, painting and designing, etc. One may wonder if such societal attitudes towards persons with disability are also reflected in their accessibility to theological education. Having said this, it is evident that there is a need to explore the reasons why persons with disability in Ghana experience exclusion from society and their accessibility to church life and theological education; hence, the reason for this dissertation but from a missiological perspective. In recent times, advocacy groups have advocated for the inclusion of persons with disability. Inclusion broadly means to ensure that everyone, regardless of race, gender, disability or religion, ethnicity, age, sexual orientation or any form of social identity, feels welcome in a society. Inclusion emphasizes equal rights and opportunities for all (Artiles, Harris-Murri & Rostenberg, 2006:261). However, regarding disability, inclusion has also been widely used from an educational perspective. That is to say, institutions use “a process intended to respond to students’ diversity by increasing their participation and reducing exclusion within and from education” (UNESCO, 2009:1). This means that, as far as possible, all students must have the opportunity to learn when institutional learning and teaching

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impairment, and vice versa. However, ‘Deaf’ is deemed appropriate, since most persons with hearing loss have speech loss as well, and since even those who have just one such disability are comfortable with Deaf culture, using sign language as a means of communication.

approaches are tailored to individual strengths and learning needs, and promotes full student participation. The Ghana government has passed the Disability Bill into law, which indicates that it is illegal to exclude persons with disability from mainstream institutions. This complements the work of these advocacy groups. Even though the study does not concentrate on the legalities involved in the inclusion/exclusion of persons with disability from theological education, it is relevant to note that laws and policies in Ghana make provision for the inclusion of persons with disability in all forms of education. Therefore, theological institutions are expected to be equally accessible to persons with disability.

Church attitudes towards persons with disability and other theological factors are likely to influence accessibility for persons with disability in theological education, as churches and theological institutions work hand in hand. Theological institutions train pastors to work in churches, while churches recommend and support ministers who undergo theological training/education. Therefore, this research explores church praxis and attitudes towards persons with disability and how these influence equal accessibility for persons with disability in theological education in Ghana. Web-Mitchell (1994:18) states, “Simply put: people with disabilities are demanding full and total inclusion within communities of faith and the public square”. Möller (2013:130) identifies various barriers to persons with disability in South African church communities as follows: inaccessible entrance, transport and toilets; unconducive seating arrangements during church services, especially for wheelchair users; inadequate lighting for persons with sight impairments; loud speakers interrupting hearing aids; biblical interpretations; inconvenient timing for services, for instance, night meetings are problematic for persons with sight impairments; and most importantly, persons with disability are not involved in any decision-making concerning themselves, therefore, their needs are not being met. These points indicate that persons with disability experience exclusion from Christian communities. This will also be explored and realistically evaluated in the Ghanaian context to see how cultural religious resources help challenge stigmatization and the exclusion persons with disability experience in terms of access to churches and theological education.

As indicated earlier, from a theological point of view, this study concentrates on the all-inclusivity of the *missio Dei*. Missiologists like Bosch (1991:28), Bevans and Schroeder (2004:34, 348), amongst others, from a *missio Dei* perspective emphasize that the triune God has a mission of reconciliation to the world, which includes all. According to Bosch (1991:28):

What amazes one again and again is the inclusivity of Jesus’ mission. It embraces both the poor and the rich, both the oppressed and the oppressor, both the sinner and the devout, *both the able-bodied and persons with disability*. His mission is one of dissolving and breaking down walls of hostility, of crossing boundaries between individuals and groups [emphasis is mine].



George (2011:96) indicates that mission has been approached from the centre rather than the margins. People in the margins of society are considered of inferior rank, these include: “the suppressed, oppressed, marginalized, pushed-out, neglected, left out, rejected, considered not-capable or not-normal, because of their social, financial or physical status”. He therefore identifies persons with disability as being people from the margins. Following the above arguments, Ghanaian churches and theological institutions are therefore God’s resources in expressing the all-inclusive and non-discriminative love towards all, regardless of disability or any other discriminatory factor. It is paramount that Ghanaian churches and theological institutions are instruments in expressing of God’s unconditional love to all, which also includes persons with disability; only then can they be recognised as fully involved in the *missio Dei*. This is discussed further in other sections of chapters one and three.

Furthermore, stemming from personal encounters, many pastors in Ghana, especially those from the Pentecostal and Charismatic orientation put a lot of pressure on persons with disability by their faith, healing and miracle sermons. It is common to see crutches and wheelchairs advertised on television as evidence that divine healing has taken place; hence, the reason for inviting persons with disability to healing crusades, assuring them of their healing. This research aims at finding out how responses to these attitudes influence the inclusion/exclusion of persons with disability in the church and theological institutions in Ghana. The church has justified this view from different theological perspectives. For instance, disability has been interpreted as a punishment for abominations/sins, either committed by the person with the disability him- or herself, or by their relatives in a previous generation. Or else, the disability is understood as signifying a lack of faith, hindering God from performing a healing miracle; or it is understood as a sign of demonic activity, in which case exorcism is needed to overcome the disability. Such interpretations have led to the oppression of persons with disability in most churches. In this regard, the attitude of the churches has reflected the attitude of society as a whole. Structures of stigmatization, discrimination and oppression within societies and churches and cultures have mutually reinforced each other (Kabue, 2011:21; Shiriko, 2011:171; Claassens, 2013:55; Onyinah, 2006:121; Möller, 2013:131). This is the reason why this study explores the current situation of persons with disability in the Ghanaian context, regarding their accessibility to theological education. The document by the WCC (2003), George (2011) and Swinton (2006; 2011) are relevant in this regard.<sup>4</sup>

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<sup>4</sup> The 2003 document by the World Council of Churches (WCC) titled, ‘A Church of All and for All – An Interim Statement’ (last modified November 2014), raises a number of topics/issues for reflection and research. See also Swinton’s (2006; 2011) theological studies, as well as the missiological article by George (2011) titled, ‘Voices and Visions from the Margins on mission and Unity: A disability-informed reading of the Pauline metaphor of the church as the body of Christ’. Swinton is used as a point of departure in this study for the theological reflection on disability, but George is also relevant because he approaches disability from a missiological perspective, focusing on persons with disability as people located at the margins of society. The WCC affirms the love of God towards persons with disability and extends to all the opportunity to respond to that love. They also pose the following questions: How can we interpret from a theological perspective the fact that some people live with



This dissertation is an original study that seeks to investigate any abuse, i.e. stigmatization and exclusion, as has occurred within the body of Christ, regarding the influence of the Ghanaian culture and traditional belief system on disability and theological education. The use of contextualization from a missiological perspective with a realistic evaluation approach enhances the exploration of the reasons for any stigmatization and exclusion of persons with disability from theological education. The study concludes with a number of recommendations for making theological education readily available to persons with disability in Ghana.

## **1.2. Statement of the problem**

Observable and empirical evidence demonstrates that persons with disability in the Ghanaian society experience discrimination and marginalization. It is scarce to find persons with disability participating in Christian leadership. Moreover, disability is perceived as a curse in their culture and traditional belief system. This thesis seeks to explore, and to some extent, realistically evaluate how and why the Ghanaian culture influences the exclusion of persons with disability from the society at large, and the Christian context in particular, and its implication on the equal accessibility for persons with disability in theological education.

## **1.3. Research question**

This research seeks to explore how and why socio-cultural and theological factors in the Ghanaian society influences equal access for persons with disability in theological education. This examines how the responses to the stigmatization of persons with disability in Ghana influence their inclusion/exclusion from theological education. Furthermore, this dissertation will explore how socio-cultural and theological factors can act as mechanisms for their inclusion/exclusion.

The primary research question for this study is: “How and why do social and theological factors influence accessibility to theological education for persons with disability in Ghana?”

The secondary research question is: “How and why do cultural religious resources influence the stigmatization and exclusion of persons with disability in accessing theological education in Ghana?”

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disability? What does that fact tell us about human life in God’s world? We have learned from twentieth century philosophy and theology that we are historical beings and our interpretations are always made from within history. Our interpretations of reality are always finite because we are finite beings. When we are developing a theological interpretation of the fact of human disability, we must acknowledge that history has changed and will therefore alter our interpretations. And by history, I mean the story of an individual, or the developing perceptions of the community in which persons with disability live. This reflects the dynamic nature of culture, i.e. the socio-cultural perception and construction of disability as a curse in the Ghanaian culture and traditional belief system, which is subject to investigation, and if necessary, renewal based on people’s responses.

## 1.4. Research objectives

This study will have the following research goals/objectives:

1. This study will serve to inform, journey with and guide the churches and theological institutions in Ghana to consider making their ministries and facilities accessible to persons with disability.
2. It will be explained to persons with disability that they can become leaders in the church and will also receive training at any level once they perceive themselves as being capable, with the appropriate facilities in place.
3. This research will serve as a resource for faith-based organisations, especially: churches, the government, institutions and individuals who are interested in the plight of persons with disability.

## 1.5. Ontology and Epistemology

Embarking on a qualitative enquiry requires the researcher to clarify beliefs and assumptions of knowledge, often referred to as a paradigm. It is necessary to state the ontological and epistemological stance, which also includes the methods and methodology used. A qualitative research paradigm is defined as a "basic belief system or worldview that guides the investigator" (Guba & Lincoln, 1994:105). A researcher's paradigm can be as unique as the researcher him- or herself but there are a range of qualitative research paradigms that have developed from different philosophies and disciplines. Guba and Lincoln (1994:107-108) break down paradigms into three aspects:

First of all many paradigms have an ontology, an assumption about the nature of reality. For example, is there a "real" objective world out there, or is reality constructed through human relationships? Secondly, each paradigm has an epistemology, a set assumptions about the relationship between the "knower" and the "known." For example, does the knower need to be "objective" and affect the outcome as little as possible, or does the knower actively co-construct knowledge with others? A particular researcher's take on knowing is known as their epistemological stance. Finally each paradigm contains some assumptions about methods, though none are restricted to simply one way of gathering and analyzing data. (Note: ontology and epistemology overlap and are sometimes impossible to divide. Many who talk about an "epistemology" may be referring to both together). As summarized in the blog: Foundations on qualitative research in education.<sup>5</sup>

Positivism as having a realist ontology and objectivist epistemology is common in quantitative research. While postpositivism focuses on critical realism and modified objectivism often depending on triangulation. Critical theory constructs reality historically; it is based on a power connection with an

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<sup>5</sup> Paradigms. Foundations on qualitative research in education. Viewed from: <http://isites.harvard.edu/icb/icb.do?keyword=qualitative&pageid=icb.page340910>. [Date accessed: 10 May 2016].

epistemological stance which mainly depends on the reflection and perspective of the researcher. An advocacy/participatory paradigm has a varied ontological stand, whilst holding insider's knowledge in high esteem. Pragmatism is interested in what works rather than the truth, but has a pluralistic means of acquiring knowledge, which is reflected in the use of diverse and appropriate methods. The constructivism paradigm has a relativist ontological stance, from the viewpoint that "all truth is 'constructed' by humans and situated within a historical moment and social context. Multiple meanings exist of perhaps the same data." Epistemologically, the researcher and participants are all involved in constructing knowledge, often through dialogue.<sup>6</sup> Although constructivism and constructionism have been used interchangeably, there is often a contrast; while constructivism constructs knowledge based on individual minds and cognitive processes, social constructionism focuses on social processes (Schwandt, 1998:240). But Cheu-jei (2012:406) in his article, 'Reconsidering Constructivism in Qualitative Research,' critically analyses constructivism from the perspective of Guba, Lincoln and Denzin, and argues that "(it is interesting to note that they have chosen to use the term constructivism instead of constructionism). It appears that the version they support leans toward the strong form of social constructionism". This study uses social constructionism as a research paradigm, focusing on culture, and some aspects of realistic evaluation.

### 1.5.1. Ontological assumptions

According to Cheu-jei (2012:406), "Ontology refers to a theory of existence. It is concerned with the nature of reality and that of human beings. [Social constructionism]<sup>7</sup> relativist ontology suggests that there are multiple realities". Multiple realities are interpreted from two perspectives:

One interpretation (let me call it the 'one reality' interpretation) is that there is just one reality 'out there' and we live in it. Therefore, there are no 'multiple realities' in any literal 'multiple universes' sense. However, although we all live in the same world, there is not any set of categories into which the 'raw stuff' of the world falls naturally.

These categories are but conventional. We create them in the sense not of changing the world but just in the sense of changing how we think about the world. In contrast, another interpretation of 'multiple realities' (let me call it the 'multiple realities' interpretation) suggests that the very raw stuff of our world created by one cognitive agent is different from that of another agent. In this sense, it is not simply the categories but the realities that are multiple (Cheu-jei, 2012:406).

Social constructionism agrees with the latter view. "Realities for [social Constructionism]<sup>8</sup> are constructed, and as constructions are multiple, so are realities." But critical realism takes this further by assuming "that our ability to know reality is imperfect, and claims about reality must be subject to wide

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<sup>6</sup>Paradigms. Foundations on qualitative research in education. Viewed from: <http://isites.harvard.edu/icb/icb.do?keyword=qualitative&pageid=icb.page340910> [Date accessed: 10 May 2016].

<sup>7</sup> SSC used originally also meaning social constructionism.

<sup>8</sup> SSC used originally also meaning social constructionism.

critical examination to achieve the best understanding of reality possible.”<sup>9</sup> The pursuit is to understand “the things themselves” rather than “our beliefs, experiences, or our current knowledge and understanding of those things”. Although critical realism has been characterized by a postpositivist paradigm, it has also been categorized as a weak form of constructivism. The social constructionist and critical realist ontological stance accounts for the multiple methodologies employed within this study, which includes realistic evaluation. I assume an ontology of the existence of cause and effect, a causal reality for that matter. I assume that there are causal realities behind any stigmatization and exclusion of persons with disability from theological education in Ghana, which raises the necessity for this inquiry.

Stan Houston (2001:845) argues about the importance of social constructionism and critical realism in social work research; similarly, I equally propose these perspectives in theological-missiological research. Danermark’s (2001:1) argument in his article, ‘Interdisciplinary Research and Critical Realism – The Example of Disability Research,’ is noteworthy. He states that:

According to this ontological perspective, interdisciplinary research implies analysing a problem at different levels with different methods. Thereby the researcher uses different concepts, different theories, developed in order to explain and understand the phenomenon’s manifestation at the respective level. This way of understanding interdisciplinary differs from that which emphasises integration in terms of unifying theories, concepts and methods. Such a unifying is not possible according to a critical realistic approach. The integrative part of the research process consists of integration of knowledge about a complex phenomenon.

Different methods, methodology, conceptual and theoretical frameworks are employed to make sense of equal accessibility for persons with disability in theological education in Ghana.

### **1.5.2. Epistemological assumptions**

Epistemology is ‘a way of understanding and explaining how we know what we know’ (Crotty, 2003:3). Social constructionism has a more subjectivist epistemology focused on “the relationship between the inquirer and the knowable, or between the knower and the respondent... Consequently, [Social Constructionism]<sup>10</sup> is a full-fledged relativism where realities and knowledges are multiple and relative” (Cheu-jey, 2012:407- 408). But Cheu-jey (2012:409) proposes a ‘constructionist epistemology’ instead of a ‘subjectivist epistemology’ for a social constructionist paradigm, since constructionism is interactive, while subjectivism is not. This research adopts a constructionist epistemological position.

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<sup>9</sup> Critical or subtle Realistic Paradigm Qualitative Research Guidelines: Robert Wood Johnson Foundation.

<sup>10</sup> SSC used originally also meaning social constructionism.

## 1.6. Conceptual framework

As indicated earlier, this dissertation is missiological drawing on concepts and methodologies from practical theology and the social sciences. This section seeks to clarify the conceptual framework and also situates the research within its respective discipline. This section is divided into two parts: the first part focuses on the missiological concepts, while the second part focuses on stigmatization as a general conceptual framework for this research.

### 1.6.1. Missiological concepts

This is a realist approach to research in missiology drawing on methodologies, theories, concepts and frameworks from practical theology and the social sciences, making this research interdisciplinary.

The theological point of departure for this dissertation is the inclusivity of the *missio Dei*, as mentioned in the introduction. Swinton and Mowat's (2006:95) practical theological reflection is engaged together with missiological concepts on the *missio Dei* and contextualization (inculturation), to explore and realistically evaluate the accessibility for persons with disability in theological education in Ghana. The *missio Dei* is discussed extensively in chapter three (cf. section 3.4), which consists of a literature review of some of the main themes of the research. Inculturation theology is also discussed in the data analysis section of this study (cf. section 4.2). The current section seeks to situate the study within its respective discipline and set the pace for further dialogue on the main concepts, which are discussed in more detail in the relevant sections of the study.

Conner, a missiologist, is of the view that there have been different theological conversations on disability but missiology has not done much in this regard. In the abstract of his article titled, 'Enabling Witness: Disability in Missiological Perspective,' Conner (2015:15) stresses, "Missiology is an integrative and multidisciplinary field of study that is particularly attentive to how interaction with cultures, social traditions, and religious convictions transform the church through boundary crossing". It is therefore important that missiology makes a significant contribution by assisting the church to include persons with disability in their witness. He attests that it is possible for persons with disability who are included in the church to still be marginalized; therefore, the need to recognize and harness their gifts is paramount. This makes this research relevant, particularly investigating and realistically evaluating how cultural religious resources in the Ghanaian culture mediate responses of stigmatization and the exclusion of persons with disability from theological education.

George (2011:96), also writing from a missiological perspective, notes that the church has approached mission from the centre instead of the margins;<sup>11</sup> persons with disability are among those in the margins. Following is a brief description of missiological concepts, situating the study in its relevant context.

Wan (2003:97) clarifies the differences between the main components of missiology as:

"Mission"—the Great Commission: making disciples of all nations (Mt 28:19-20).

"Missions"—ways and means of accomplishing "the mission" which has been divinely entrusted by the Triune God to the Church and Christians.

"Missiology"—the systematic and academic study of missions in the fulfilment of God's mission.

"Missiological Research Methodology"—the systematic, dynamic and integrative manner of conducting research in missiological study.

Kritzinger (2011:52) states, "Missiology—which critically reflects on mission—is 'encounterology', the scholarly study of such transformative encounters".

David Bosch<sup>12</sup> (1991:9), a distinguished and renowned missiologist, characterizes missiology as follows:

Missiology, as a branch of the discipline of Christian theology, is not a disinterested or neutral enterprise; rather, it seeks to look at the world from the perspective of commitment to Christian faith. Such an approach does not suggest an absence of critical examination; as a matter of fact, precisely for the sake of Christian mission, it will be necessary to subject every definition and every manifestation of the Christian mission to rigorous analysis and appraisal.

He explains that mission must not only describe a situation but must go further to transform reality: "Mission in this perspective, is the dimension of our faith that refuses to accept reality as it is and aims

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<sup>11</sup> George, S. 2011. 'Voices and Visions from the Margins on Mission and Unity: A Disability Informed Reading of the Pauline Metaphor of the Church as the Body of Christ'. *International Review of Mission*. 100(1), 97–103: Mission and unity are the inherent character of the church. However, historically this approach to mission and unity has been undertaken often from the centre, not from the periphery or the margins. Interestingly the biblical mandate for mission and unity comes from the voices and visions of those who are in the margins. Who is in the margins? In this paper we agree with Ranjit Guha and Homi Bhabha's definition of subalterns. They are of the "inferior rank". They include all those who are suppressed, oppressed, marginalized, pushed-out, neglected, left-out, rejected, considered not-capable or not-normal, because of their social, financial or physical status. People with disability are one such neglected voice from the margins. The paper tries to highlight the potential barriers faced by the disabled both in the religious structures and in scripture and metaphors. It also suggests certain theological possibilities in which disability is not simply a consumer of tradition but rather a constructive element that offers new options for theological reflection on mission and unity from the margins.

<sup>12</sup> David Bosch (1991) was a renowned and distinguished missiologist, his book *Transforming Mission: Paradigm Shifts in Theology of Missions* remains popular and a type of manual for missiologists, as he addresses almost every aspect related to missions and mission studies.

at changing it. ‘Transforming’ is therefore an adjective that depicts an essential feature of what Christian mission is all about” (Bosch, 1991: xv). Bevans and Schroeder (2004:61,70) indicate in Type C theology, which I use as a point of departure, that mission is a commitment to liberation and transformation. The liberation and transformation is twofold: the church in mission bringing liberation to the oppressed and being liberated and transformed in the process. Drawing on the above argument that mission and missiology critically reflecting on mission, must be geared towards transformation; I follow this line of argument and propose that, as much as this study is explorative and evaluative in nature, it aims at transforming any exclusive praxis in churches and theological institution in Ghana, in order to grant equal accessibility for persons with disability. This is why it is relevant to explore *how* and *why* individuals and groups respond the way they do to the reality of disability and stigmatization.

Furthermore, concentrating more on contextualization, Bevans and Schroeder (2004:34) are of the opinion that, among the constants in context, the greatest challenge to the missionary task is culture, whether “human culture can be a vehicle or an obstacle for communicating the gospel,” whether it has new insights to Christianity, or must be destroyed or explored or transformed. Thus, what is the implication of the Ghanaian socio-cultural perception of disability as a curse on accessibility for persons with disability in theological education? Is the Ghanaian culture a vehicle or obstacle to the accessibility of persons with disability in theological education in Ghana? Bevans and Schroeder present six constants of mission, these are questions that are constantly asked and need to be answered by the church in mission:

1. Who is Jesus Christ and what is His meaning?
2. What is the nature of the Christian church?
3. How does the church regard its eschatological future?
4. What is the nature of the salvation it preaches?
5. How does the church value the human?
6. What is the value of human culture as the context in which the gospel is preached?

Bevans and Schroeder (2004:34) link the constants in context to participation in the *missio Dei*, drawing on González and Solle’s types/paradigms of theology:

1. Type A theology: Mission as saving souls and extending the church
2. Type B theology: Mission as discovery of truth
3. Type C theology: Mission as commitment to liberation and transformation.

The research is approached from the perspective of Type C focusing more on mission as liberation and transformation (Bevans and Schroeder, 2004:35-36, 61-72). The last three constants are reflected in this



research: thus, the nature of salvation being preached by many faith preachers in Ghana, which requires healing for persons with disability; how the churches and theological institutions in Ghana value persons with disability; and the place of the Ghanaian culture and traditional belief system that constructs disability as a curse or punishment from the gods due to an abomination committed by a person with disability or a relative. It is important to pay attention to Type C theology in conversation with the constants in context as they reflect the main themes and concepts of this study. Type C theology: Mission as commitment to liberation and transformation can be summarized and applied to this research as follows: “Type C theology has always been eminently pastoral in outlook and has been foundations for several creative expressions of the church’s missionary nature. It is a theological perspective that remains centered on the mystery of Christ while always acknowledging the importance and dignity of the human” (Bevans and Schroeder, 2004:63). The Christology that is proclaimed in this type is not so much centered on doctrines but “the saving power of Jesus Christ through a life of liberating witness...a life lived in a community of freedom and witnessed to by that life in community” (Bevans and Schroeder, 2004:65). Salvation in Type C theology is not only limited to reconciliation but also “the church in mission must ... extend help and assistance to the poor and suffering of the world” (Bevans and Schroeder, 2004:69). The anthropology of Type C seeks for the church in mission to render freedom, justice and equality for all. “The full humanity that liberation makes available is not just for the oppressed who are set free; the humanity of the oppressors is also enslaved by their oppression and is restored when they cease their oppression” (Bevans and Schroeder, 2004:70). Finally, culture in Type C theology sees human culture as good yet in need of being purified, perfected and healed due to human sin and enslavement. This is why there is the need for Christianity to interact with culture, and is what this research seeks to achieve by employing inculturation theology. Therefore, the implication of Type C theology for this research is that: the human dignity of persons with disability is paramount; the salvation preached by Ghanaian churches must be holistic, focusing on the reconciliation of Jesus Christ but also ensuring equal accessibility for persons with disability in their ministries. Hence, accessibility for persons with disability in Ghanaian churches is likely to have an influence on their accessibility to theological education. Regarding the anthropology of Type C theology, the expectation is that Ghanaian churches and theological institutions must ensure freedom and justice leading to their liberation, meaning that discrimination and social barriers must be addressed. This also reflects Bosch’s (1991:xv) argument on transforming mission. Finally, regarding culture in Type C theology, which seeks for a dialogue between Christianity and culture. The concept of inculturation theology employed in this study is helpful in the dialogue between the Ghanaian culture/traditional belief system and Christianity concerning the disability phenomenon.

These constants also complement Bosch’s (1991:393-401) concept of mission as mediating salvation and the quest for justice, where he stresses social justice as an integral part of mission. Mission as mediating salvation also depicts mission as holistic, so that salvation is not only limited to the



individual's relationship with Christ but must also see the hatred, injustice, oppression, marginalization, violence, and other forms of sufferance in the world, as equally important. Furthermore, mission as a quest for justice also deals with the tension of expressing unconditional love within a context that is filled with injustice. Salvation must bring joy and hope to everyone, especially the marginalized of society, which includes persons with disability. Mission must resist any form of social injustice, discrimination, oppression, stigmatization and exclusion, amongst others.

Like Küster (2003:171), an intercultural/interreligious scholar, Bevans and Schroeder (2004:348-395) also propose a dialogue but they call it the 'prophetic dialogue'. "The triune God's missionary presence in creation is never about imposition but always about persuasion and freedom—respecting love, mission can no longer proceed in ways that neglect the freedom and dignity of human beings." The church cannot impose itself as culturally superior to the context in which it is located. They conclude mission as participation in the mission of the triune God. Churches and (theological institutions) have a central part to play in this mission. In that, this research seeks to address any possible stigmatization and exclusion of persons with disability from the point of view that God has a mission to reach out to persons with disability in Ghana and the churches and theological institutions must be available instruments for this purpose.

Referring once again to Bevans and Schroeder (2004:348-395), mission as a prophetic dialogue occurs in three different areas: dialogue with the poor, culture and other religions, which reinforces the Type C theology and the constants in context. These aspects of prophetic dialogue are reflected in this study as follows: persons with disability in Ghana are among the poor and marginalized; the Ghanaian cultural construction of disability is the main focus of the research; and lastly, the construction of disability in Ghana, which is embedded in the traditional belief system is explored to see whether it has any influence on stigmatizing and excluding persons with disability from theological education. They emphasize that Jesus Christ in his mission was and is all-inclusive to all people within all cultures. Bevans and Schroeder (2004:348-395) breakdown mission as a prophetic dialogue as follows: witness and proclamation as prophetic dialogue; liturgy, prayer and contemplation as prophetic dialogue; justice, peace and the integrity of creation as prophetic dialogue; reconciliation as prophetic dialogue; interreligious dialogue as prophetic dialogue; and inculturation as a prophetic dialogue. Here again, the last three dialogues are relevant to this dissertation. They stress that social justice cannot be separated from mission. God is a God of justice and does not tolerate injustice in society. Therefore, the church must speak for and be with the poor and marginalized in solidarity and praxis – 'preferential option for the poor.' God loves all equally so this unconditional love must be expressed towards persons with disability in Ghana by churches and theological institutions by providing access to rights, privileges and resources, so that they are included and fully integrated in their ministries and activities. They argue in conjunction with other renowned missiologists and interreligious scholars that interreligious dialogue

and inculturation is paramount in contextualization and mission. More importantly, they stress that inculturation is delicate and “if engaged in seriously, causes pain—pain that is ultimately liberating and life-giving, but pain nevertheless” (Bevans and Schroeder, 2004:388). People who have suffered at the hands of the church in the name of the gospel must recover their identities. So that, in this case, regarding their inclusivity/exclusivity churches/theological institutions will be willing to go through transformation, which no matter how uncomfortable it is in nature is a form of pain. The next section introduces stigma as a conceptual framework addressing the social aspects of the study.

### **1.6.2. Stigma-Theory**

This research employs Goffman’s stigma-theory<sup>13</sup> (social identity and social degradation) as a conceptual framework because Goffman uses disability as an illustration to explain the phenomenon of stigma. In this section, I present the stigma theory and its relevance to this study, also pointing out how this theory has been critiqued. However, in chapter three (cf. section 3.2.3), Goffman’s stigma theory is presented to show its direct link to the main themes of my research. I use Goffman to explore the interaction between the socio-cultural and theological factors that influence equal accessibility to theological education for persons with disability in Ghana. Missiologists and interreligious theologians propose contextualization in the dialogue between culture/other religions and Christianity. Sociological-anthropological inculturation focuses on the worldview, symbols, meanings and social interaction within a culture in the dialogue with Christianity (Ukpong, 1999:108). The general perception of disability as a curse in the Ghanaian culture and traditional belief system is symbolic. This research further explores whether socio-cultural constructions of disability in the Ghanaian society and culture in any way influences the attitudes towards persons with disability regarding access to theological education. Goffman’s (1963) stigma theory is best suited for this study as he associates disability to stigma in ways that reflect the situation of persons with disability in the Ghana. He focuses on social context, social identity and social interaction as antecedents to stigmatization. Thomas Reynolds, who is a disability theologian, also uses Goffman to elaborate on his theory of the “cult of normalcy”. According to this theory, persons with disability are stigmatized and not recognized because of social worth and lack of body capital (Reynolds, 2008:63). Enoch Takyi also employs Goffman’s theoretical framework in his master’s thesis on disability in Ghana.<sup>14</sup> His research is limited though to only persons with physical disability and one community in Ghana, whereas this research has a broader scope, including a wider group of participants (persons with disability, i.e. Deaf persons, blind persons and persons with physical disabilities, disability experts, theological institutional heads, and pastors).

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<sup>13</sup> Goffman (1963) presents his theory of stigma and social identity where he links it to experiences of persons with disability and how they have been dehumanized in society due to stigmatization.

<sup>14</sup> cf. Takyi Enoch (2013). ‘Barriers to Mainstream Participation of Persons with Disabilities: A qualitative study of Persons with Physical Disabilities In Techiman, Ghana’. Master’s thesis in Human Development. Department of Psychology. Norwegian University of Science and Technology.

This current study shares some similarities with this study in that aside from employing Goffman as a theoretical framework, Takyi also records the way disability is constructed as a curse in the Ghanaian society. However, his research focuses more on the psychological perspective, rather than culture and the theological perspective as this study does, which focuses more on culture within the social constructionist paradigm. Furthermore, Hebl & Dovidio (2005:156) also highlight Goffman in their study on ‘Promoting the “Social” in the Examination of Social Stigmas’. Their critique is similar to Goffman’s, that most of the studies on stigma, although focused on disability, tend to neglect social interaction within its context. It is for this reason that Goffman’s theory is relevant to this study as the focus is on contextualization, which is integral to doing missiological research. Therefore, in the micro-meso- and macro-contexts of the Ghanaian culture, the different categories of participants (i.e. pastors, theological institutional heads, persons with disability and disability experts) become relevant contexts in which the accessibility to theological education for persons with disability in Ghana is explored. This shows the relationship between the social and theological aspects, and is the main purpose of this research.

As will be discussed in chapter three (cf. heading 3.2), persons with disability themselves interpret disability according to the social model of disability as external factors in society that hinder their full participation and inclusion. Stigmatization, and other factors like: discrimination, stereotyping, labelling, policies, structures etc., are some of the attitudes persons with disability experience from society. The stigma that is associated with disability is the main focus of this dissertation, as indicated in the research question: “How does the stigmatization of persons with disability which is embedded in the Ghanaian culture influence their exclusion from theological education in Ghana?” The Ghanaian culture and traditional belief system becomes a resource in the context-mechanism-outcome (CMO) configurations (Pawson & Tilley, 2005:365) which mediates the responses to stigmatization and exclusion; this will be explored in chapter four. As indicated in the research question/s, this study investigates *how* and *why* cultural religious resources mediate the relationship between stigmatization and the exclusion of persons with disability from theological education in Ghana.

According to Goffman (1963:1), “Society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories. Social settings establish the categories of persons likely to be encountered there”. Most often, such categories of social identities become so normal that, should a stranger appear for instance, there will be no struggle at all to unconsciously determine which social identity s/he belongs to. Stigma is a negative and degraded social identity which society imputes on a group of people because of a character defect, disability or race, etc. Society determines what is ‘normal’ so that if anyone has any different attribute then he is perceived as abnormal. It will be shown in chapters two and three that persons with disability experience social exclusion from society, which is why it is necessary for this study to explore

stigmatization and exclusion from a cultural and theological educational perspective in the Ghanaian context. Furthermore, Hebl & Dovidio (2005:158) attest that even though researchers agree that context and social interactions are very necessary in stigma research, most of the conversations on stigma are non-interactive. For this reason, they propose interaction between the stigmatizers and the stigmatized in order to make sense of stigmatization within a particular context. Therefore, the emphasis by scholars such as Bosch (1991:291, 420, 447), Küster (2003:171), Swinton and Mowat (2006:95) and Kritzing (2008:771, 772) on context when doing practical/interreligious/intercultural theological and missiological research is integral to this study. It is also necessary to note the relevance of context as proposed by Paul and Tilley (2005:365) in the context–mechanism–outcome (CMO) configuration required by realistic evaluation. This necessitates interviews with key participants, i.e. persons with disability, disability experts, pastors and theological institutional heads.

Goffman (1963:3) indicates that stigmatized people are often regarded as not quite human by the ‘normals.’<sup>15</sup> I prefer to call persons without disability as able-bodied rather than normal as Goffman puts it, as normalcy is offensive in disability conversations. According to Reynolds (2012:18), “disability is not “normal” (abnormal), that it displays something different than the “standard” human body should, a stigma marking a deviance considered a deprivation. But what is normal?” Goffman (1963:3) states that stigmatized people in society are characterized by certain attributes and are assigned derogatory labels such as “bastards” and “cripple,” without the actual meaning of such terms being considered. Stigmatized people tend to respond in a defensive manner to show confidence and mastery but this often backfires, as they are then perceived to be aggressive which reinforces their degradation and discrimination. Members of the same social identity are often positive about the same values, standards and opinions as opposed to those of a different social identity (Goffman, 1963:7). Notwithstanding, stigmatized people may see themselves as “fully-fledged normal human beings” and the ‘able-bodied’ as not “quite human”. But due to the discrimination they face from society, it is possible to believe the social perceptions about them, which can lead to self-hatred and shame. Stigmatization has to do with acceptance, so when people are not valued and respected for who they really are, they tend to believe that they are deserving of their rejection because of their disability (Goffman, 1963:3). Some stigmatized people are able to correct the stigma through a character change, and plastic surgery in the case of a physical disability. Others tend to participate in extraordinary activities, i.e. a sport for persons with disability. Some also see stigmatization as a blessing in disguise where they learn through suffering (Goffman, 1963:3).

For Goffman (1963:7), people in different social identity groups feel comfortable with each other but the biggest issue is when ‘mixed contact’ occurs, i.e. where ‘able-bodied’ and stigmatized people meet

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<sup>15</sup> Goffman refers to other people who belong to a higher social identity who perceive stigmatized people to be less human than normals.

– the moments when stigmatized and [able-bodied]<sup>16</sup> are in the same "social situation"; that is, in one another's immediate physical presence, whether in a conversation-like encounter or in the mere co-presence of an unfocused gathering. The mere anticipation of such interaction can cause [able-bodied] people and the stigmatized to arrange their lives in such a way that they avoid such contact. Presumably, this will have a larger consequence for the stigmatized, for this will require more arranging on their part (Goffman, 1963:7).

Goffman's stigma theory, as presented above, indicates that persons with disability have been categorized into a degraded social identity. This is emphasized by Baffoe (2013:189) in the Ghanaian context. Such social categorization, which is a form of stigmatization, does have an influence on social and religious exclusion. But I take this one step further, and explore the phenomenon of disability in the Ghanaian context from a missiological and cultural perspective, with a focus on theological education. In his work on stigma and social identity,<sup>17</sup> Goffman (1963) uses stories of different categories of persons with disability to argue his point, showing a direct link between disability and stigma. Goffman broadens the scope of stigmatization in society, which serves as a conceptual framework for this study. However, I am interested in exploring *how* and *why* the cultural religious resources mediate the relationship between stigmatization and the exclusion of persons with disability from theological education in Ghana. This suggests a particular focus on responses to the reality of disability in the Ghanaian socio-cultural and Christian contexts.

In Ghana, disability has been culturally attributed to an abomination committed by a person with disability, or by his/her parents, or an ancestor. Thus, the disability is a curse that is inflicted upon a family by the gods or ancestors. Disability is also seen mostly in the Christian setting (especially among the Pentecostals and Charismatics), as the result of a demonic encounter or witchcraft (Avoke, 2002:771; Slikker, 2009:14.) For this reason, it is a common practice that persons with disability are marginalized in society. Some cultures in the northern part of Ghana regard children born with disability as 'spirit children,' so they are therefore killed. This situation reflects Goffman's theory where persons with disability are categorized into a degraded negative social identity as cursed. This is discussed further in chapter three where disability and stigma is conceptualized in relation to other theological themes, as well as in the data analysis.

Although I find Goffman's (1963) stigma theory as a fit conceptual framework for this study, I am also aware of the fact that some disability scholars like Ewing (2002:73, 81), among others, criticize his work on stigma and social identity. Ewing writes from a feminist disability perspective, maintaining that Goffman is archaic because during his time, feminist conversations had not yet started and most of

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<sup>16</sup> 'Normal' is originally used instead of 'able-bodied'

<sup>17</sup> E. Goffman. 1968. *Stigma: Notes on the Management of the Spoiled Identity*. Harmondsworth, Middlesex, England: Penguin Books.

his terminology, i.e. handicapped, normal, and deviants, among others, are deemed offensive in the culture of disability. She, however, admits “Goffman’s description of the difficulties involved in identity management for persons with disabilities are as true now as when stigma was first written”. I agree with Ewing to a large extent on the fact that Goffman does not address gender issues as related to disability but it can be argued that his focus is mainly on general social interactions, social identity and social categorization, which makes the stigmatization of persons with disability a social construct. I indicate in chapter three (cf. heading 3.3.3) that women face a double disability. However, Goffman is still relevant here, as Ewing (2002) admits, as indicated above, that his concepts are still applicable to the phenomenon of stigmatization today. I equally find his use of terminology to be problematic in nature, so I prefer to use the terms ‘able-bodied’ and ‘disability’ instead of the terms ‘normals’ and ‘physical deformities,’ as typically employed by Goffman. It must be noted that many critics of Goffman approach stigmatization and social identity from different perspectives, so it is obvious that they will have varying opinions; however, it is scarce to see research on stigmatization that does not refer to Goffman.

## **1.7. Research design and methodology**

Disability has been researched from various perspectives in the different disciplines. Some recent scholars (and their research focus) include: Ellen Samuels, who writes on disability and gender; Christopher Bell, on blackness and disability, Rosemary Garland Thomson and Alison Kafer on Feminist Disability Studies; Eva Kittay on disability, philosophy and ethics of care. In Africa, Samuel Kabue, Joseph Shiriko, Esther Mombo, Samuel Githugu, Wati Lonchar, Joseph Galgalo, David Kiare, etc., who also write on disability, society and theology. In Ghana, Mawutor Avoke, Jacqueline Slikker, Joseph Agbenyega, Michael Baffoe, Grace Gadagbui, have also researched disability; and elsewhere Nancy Eiesland, Deborah Creamer, Thomas Reynolds, Juliana Claassens, Kathy Black, Amos Young, Jeff McNair, Michelle Sanchez and John Swinton are also well researched on the topic of disability from a theological perspective. Notably, missiologist Benjamin Conner (2015:15) recently admitted that missiology has not contributed much to the scholarship of disability and theology. Therefore, this research seeks to make a contribution to the field of disability and religious studies by focusing on disability and theology, highlighting the Ghanaian cultural and missiological dimensions. In this regard, the research design and methodology used is relevant as the framework for this study. The following section will clarify: concepts, research methods, sample, methodology, mode of data collection and data analysis.



### 1.7.1. Methodology and Design

This study employs a number of interrelated methodologies to explore the equity and access for persons with disability in theological education in Ghana. Swinton and Mowat (2006:50) argue that even though some researchers stress the use of a single method, the best way to do a practical theological qualitative research is to develop an appropriate style using different methods without being bound by any of them. For this reason, I choose to use tools found to be appropriate for different aspects of the study in order to explore, evaluate and make sense of the equal accessibility for persons with disability in theological education in Ghana. This dissertation is in the field of missiology and draws on the conceptual, methodological and practical perspectives of Swinton, a practical theologian, and the social sciences, which makes it interdisciplinary. The research employs a qualitative research approach, as missiological research methodologies are integrative and often draw on empirical scientific methodologies from other disciplines, especially within the social sciences. For this reason, it is relevant that a sociological approach is adopted to delve into the socio-cultural and theological factors that mediate the relationship between the stigmatization and exclusion of persons with disability from theological education in Ghana. Following is a brief explanation of the integrative nature of doing missiological research.

This missiological research, being interdisciplinary in nature, employs scientific methods together with concepts and frameworks from missiology and practical theology, as well as the social sciences.

According to Heimbrock (2005:1):

The growing use of social scientific instruments has sharpened reflection about the implications of religion research for understanding its very object – “religion.” Likewise, there is a growing need to reflect on the theological impact and consequences of using concepts and research models from the humanities in religion research.

Likewise, missiology as an academic discipline has successfully used scientific research methodologies to conduct missiological research. According to Wan (2003:97), missiological research methodology is the systematic, dynamic and integrative manner of conducting research; it is also interdisciplinary in nature. Wan categorizes missiological research into the following two categories: qualitative and quantitative research. On the one hand, qualitative research methodology uses the following social scientific approaches: ethnography, case studies, phenomenology, grounded theory, as well as sociological and political approaches. The purpose is to obtain insight into behaviours and phenomena. These integrative methods have been useful in many ways; for instance, an enhanced understanding of a particular culture has facilitated the adoption of better strategies to minister about Christ. On the other hand, quantitative research methodology involves systematic measurements, mathematical models and statistical analysis, etc. There are variables and the purpose is to test hypotheses. Quantitative missiological research has a number of advantages, for instance, it is useful to obtain statistics on the

religious background, occupation, level of education, race, gender, etc., of a particular community. This type of data is normally helpful in evangelism and church planting, and other related Christian activities.

In essence, missiology as an academic discipline employs integrative scientific methods in its research. This study, which is a qualitative study, uses the social constructionist paradigm, which is a sociological approach, and aspects of realistic evaluation approach to explore the social and theological factors that influence equity and access to theological education for persons with disability in Ghana. The study poses the following question: “How and why cultural religious resources mediate the relationship between stigmatization and the exclusion of persons with disability from theological education in Ghana?” Culture is used as a lens to investigate the situation as it is in Ghana, and also to explore what is actually going on, and what the praxis of the churches as well as theological institutions should be. As indicated in section 1.6.1, Bevans and Schroeder (2004:34) highlight that culture is a challenge to the missionary task, in that it is either a vehicle or an obstacle to communicating the gospel. The cultural approach used also reflects the missiological concepts of inculturation as employed in the study, as this will be useful when investigating the place of culture in accessibility for persons with disability in theological education in Ghana. In other words, a cultural approach to social constructionism, which is also an evaluation, is used as a methodology for this missiological research. Swinton and Mowat (2006:v) explain that at the core of practical theological research is the question: “What appears to be going on within this situation; what is actually going on?” Therefore, since this research is missiological, the methodological framework, which is mainly sociological, is acceptable. The inclusivity of the *missio Dei* and sociological-anthropological approach to inculturation theology employed in the analysis situates this research within the field of missiology.

Praxis is a core element of missiological research. According to Ganzevoort and Roeland (2014:91), who are practical and interreligious theologians, praxis “focuses on what people do rather than on official institutionalized religious traditions.” Faix (2007:113) describes the “empirical-theological praxis (ETP) cycle as a methodological base for fundamental research in missiology”. But the South African missiologist, Klippies Kritzinger (2008:769-788), takes the ETP further by proposing the pastoral cycle/praxis cycle as a reliable way of doing missiological research. He sees mission as ‘encounterology’ and uses a seven-point praxis cycle to indicate what this should look like. The praxis cycle is explained in chapter five where it is further engaged in the data analysis.

Following are qualitative research approach methodologies employed in this research. This study is qualitative in approach, employing the social constructionist paradigm with an emphasis on cultural research. It also to some extent employs a realist evaluation approach to data analysis using Pawson and Tilley’s (2005:365) CMO configuration model. Qualitative methodology is necessary to take into account the social meaning or reasons attached to behaviour. Qualitative research focuses not only on



the objective nature of behaviour, but also on its meaning (quality). Qualitative research reports generally entail people's descriptive accounts of their own experiences, rather than numbers that quantify these experiences (Rubin & Rubin, 2012:3). Individual and focus group interviews and observations are used as research instruments to explore the experience of stigmatization and the exclusion of persons with disability from the Ghanaian society, and the implications thereof on their accessibility to theological education. Interviews with persons with disability and observations are useful in understanding the realities of stigma, which is associated with disability. Interviews with theological institutional heads and pastors depict how Christian leaders in Ghana construct disability, both from a cultural and theological perspective. Also, narratives and case studies are used to shed more light on the experiences of persons with disability regarding stigmatization and exclusion.

Social constructionism is a philosophical approach within the social sciences that takes into account the social and cultural contexts of a situation in order to explain a phenomenon. (McLeod, 1997:83). It focuses on how societies formulate perceived social realities, in other words, how behaviours are formed within a society. According to Flores:

Social construction is something you might not be aware of. You are somewhat living in segregation depending on what gender, race and class you are. Race, class and gender don't really mean anything. They only have a meaning because society gives them a meaning. Social construction is how society groups people and how it privileges certain groups over others. For example, you are a woman or a man because society tells you that you are, not because you choose to be. Simple as that. Just like it tells you what race you're classified as and what social class you belong in. It is all just a social process that makes us differentiate between what's "normal" and what's not "normal."<sup>18</sup>

In the context of this study, the social constructionist paradigm explores the meanings that different groups of participants (pastors, theological heads, persons with disability and disability experts) give to disability, and whether these constructions have any influence on the equal accessibility to theological education for persons with disability in Ghana. Social constructionism is quite broad and used in collaboration with other methodologies. It has been used for research such as: Phenomenology, positivism, grounded theory, critical theory, among others (Alvesson & Skoldberg, 2000:15). This study chooses to use social constructionism from a cultural dimension in collaboration with the realistic evaluation approach. In other words, the focus is on socio-cultural and the traditional belief systems in Ghana, and how these may influence accessibility to theological education. With reference to the conceptualization of disability and stigma in chapter three, it will be established from the literature, which includes narratives from individuals with disability in Africa, that persons with disability do

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<sup>18</sup> Flores, L. What is Social Construction? Oake College [Online]. Viewed from: <http://oakes.ucsc.edu/academics/Core%20Course/oakes-core-awards-2012/laura-flores.html>. [Date accessed: July 2014].

experience stigmatization due to the common African perception that disability is a curse. Goffman's theory of stigma and social identity, which categorizes persons with disability into a degraded social identity, also depicts that stigmatization is a social construct. According to McNair & Sanchez (2008:36), social constructions of disability differ from society to society. In some societies, persons with disability are 'beneficiaries,' whereas in others, they are victims. This means, if a society constructs disability negatively, then it is possible that attitudes towards them will be negative, and vice versa.

A cultural research approach uses everyday life occurrences and phenomena to explore a research question. In other words, the culture of a particular group of people is used as a lens to inform data collection and analysis (Marshall & Gretchen, 2010:24). Thus, the way disability is constructed as a curse in the Ghanaian culture and traditional belief system becomes a tool to explore accessibility for persons with disability in theological education. Missiologists like Küster (2003 & 2005), Kritzing (2008) and Bosch (1991) also stress the relevance of contextualization in missiological research, just as Wuthnow (1992) and Luzbetak (1988) from the intercultural and interreligious perspectives. Therefore, cultural research employs missiological concepts on contextualization (inculturation) and the realistic evaluation (CMO) approach to investigate the *how* and *why* religious resources mediate the relationship between the stigmatization and exclusion of persons with disability from theological education in Ghana. The Ghanaian culture and traditional belief systems are resources that will be explored regarding responses to disability and stigma both from a social and theological perspective.

Evaluation research is a form of applied research, which aims to produce information about the implementation, operation and ultimate effectiveness of policies and programmes designed to bring about change. In contrast to what may be termed basic research, the primary objective is not to discover new knowledge, but rather to study the effectiveness of existing knowledge which can be used to inform and guide practical action (Clarke & Dawson, 1999:3).

The realistic evaluation approach that is employed to some extent in the analysis is helpful in investigating the causes and antecedents of the stigmatization and exclusion of persons with disability from society, and any influence the Ghanaian culture has on their equity and access to theological education. It will also assist in drawing conclusions and making recommendations to resolve this issue. In realistic evaluation, the basic questions asked, and hopefully answered, are multi-faceted. Realistic evaluation does not ask, 'What works?' or 'Does this program work?' Instead, it asks, 'What works for whom in which circumstance, in what respect, and how?' (Pawson & Tilley, 2005:365). The framework of Pawson and Tilley—the CMO configurations—will aid in exploring the causes of the exclusion, what mechanisms are used, and how they can facilitate equal inclusion of persons with disability in theological education in the Ghanaian context.

To this end, the use of multiple methodologies, various groups of participants, multiple suitable frameworks and models of data analysis enhance the reliability of this research. The research design and methodology developed for this research is appropriate and suitable to achieve the proposed purpose and objectives of the study.

### **1.7.2. Sample and Data collection**

Research sampling is a very important element of the research and comprises the population, population size, units and cases, to name a few. Good sampling reflects on the quality of the research findings and analysis (Laerd).<sup>19</sup> It also helps to determine the right sample size for a reliable finding and generalization.

Qualitative sampling size has been debated over the years. The controversy is whether to use a large or small sample for qualitative research. Max Mason (2010),<sup>20</sup> in his article titled, ‘Sample size and saturation in PhD studies using qualitative interviews,’ presents several opinions on the sample size for qualitative research. However, some scholars are of the opinion that a smaller size is sufficient, since qualitative researchers are not necessarily interested in numbers but meanings. The other school of thought takes into consideration the variety of opinions held by a larger group of participants, and therefore, favours a larger sample size, for greater diversity. Despite the numerous schools of thought, what most qualitative researchers rely on is saturation that is when new data no longer produces revelation but repetition. Mason’s (2010) research on sample size shows that PhD students normally use between 25–50 participants for qualitative research depending on the type of methodology they employ, i.e. ethnography, grounded theory, phenomenology, etc. However, there are no fixed rules; it could be less, or more. It is for the purpose of obtaining insight into how different categories and groups of participants interpret disability and the influence of their constructions on the exclusion of persons with disability from theological education in Ghana, that the use of a sample size of 60 participants is relevant for this study. In addition, the use of focus group interviews has increased the sample size. The social constructionist and critical realist ontological assumptions, and the constructionist epistemological stance for this research (as indicated in section 1.5) also justifies the sample size, as the reality of stigmatization and exclusion of persons with disability regarding theological education are investigated within different contexts.

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<sup>19</sup> Laerd dissertation. *Sampling: The Basics* [Online] Viewed from: <http://dissertation.laerd.com/sampling-the-basics.php>. [Date accessed: May 2015].

<sup>20</sup> Mason, M. 2010. Sample Size and Saturation in PhD Studies Using Qualitative Interviews [Online]. Viewed from: <http://www.qualitative-research.net/index.php/fqs/article/view/1428/3027>. [Date accessed: July 2015].

The research seeks to explore and realistically evaluate the social and theological factors that act as potential mechanisms for the inclusion/exclusion of persons with disability in theological education in Ghana. To explore the research question and pursue the aims and objectives of the research, this qualitative research used purposive sampling to identify interviewees (about 60 people) from different groups and categories. The sample of this research study comprises the following:

- Twenty-five persons with disability. They include: blind persons, Deaf persons and persons with physical disability, and are Christian, pastors and/or church leaders;
- Twenty-four church leaders (pastors from different denominations, including pastors and leaders from a church which includes Deaf persons);
- Six leaders i.e. deans or presidents/vice presidents of theological institutions; and lastly,
- Five disability experts.

Two focus group interviews were also conducted (consisting of 10–12 persons with disability) – one was at the church, which includes Deaf persons; formal observation were also done at this same church.

In Ghana, there are approximately eleven Christian universities and several theological colleges and seminaries, where most of the well-established churches train their own ministers. All the Christian universities started as theological colleges, and then later expanded to include other courses. Different types of Bible colleges and Christian universities are selected from across Ghana. Presidents/vice presidents and deans of Bible colleges and Christian universities were selected to represent different denominations and types of institutions across the nation. Institutions were also selected from different regions of the country to give a fair representation of the regions in Ghana. Seminaries were chosen to represent denominations, indigenous or foreign mission involvement, and religious settings.

As indicated earlier on, the sampling for the study is purposeful; participants were deliberately delimited based on the aims and objectives of study. Persons with disability were sought from churches and on recommendations from friends and disability organizations in Ghana. Efforts were made to balance the gender of persons with disability, however, that was not possible as it was scarce to find females with disability involved in Christian leadership. Pastors were selected across various denominations, particularly the mainline churches, i.e. Protestants, Evangelical, Baptist, Pentecostal/Charismatic and Adventist. Disability experts working with each disability group represented in this study were interviewed. A person with disability who is also a disability expert was selected; the fifth disability expert was selected because she has a child with disability, started a special school, and is also involved in disability advocacy at the national and international levels.

Individual and focus group interviews with persons with disability are necessary to explore the experiences of persons with disability in terms of equal accessibility to church life and theological education. Conducting interviews with pastors is indispensable to learn how they construct disability, and to discover the impact their interpretations have on the stigmatization and exclusion of persons with disability from church life and Christian leadership. In addition, the experience of pastors at a church that includes Deaf members is significant and insightful when seeking to address inclusion issues of the Ghanaian church. Interviews with theological institutional heads aid in exploring the reasons behind any exclusion of persons with disability in Ghana from theological education, and also evaluate their equity and access to theological education. Similarly, interviews with disability experts assist in formulating recommendations to grant accessibility for persons with disability in theological education. Furthermore, observations of the Deaf church help to realistically evaluate the inclusion of persons with disability in the church community. In this study, interviews with Deaf persons were interpreted by Sign Language interpreters.

### **1.7.3. Data analysis**

The mode of data analysis that the study employs is content analysis, using ATLAS.ti to organize and manage the data. A constant comparative method (CCM) of data analysis will be employed, comparing field data with the literature, background study, theories and concepts. I assume that the data on the experiences of the interviewees may provide insight into how the society, Christian leaders and persons with disability construct disability, and how their constructions affect equal accessibility for persons with disability in theological education in Ghana. Suggestions from persons with disability and disability experts may assist in drawing conclusions that may be useful and making recommendations that may improve policies, practice, praxis, infrastructure, theologies and belief systems, and attitudes towards persons with disability. Generally, the framework of Swinton and Mowat (2006:95) is used for analysing the data. Their practical theological reflection framework consists of four stages of dialogue and conversations when doing qualitative research: Stage 1- the situation; Stage 2- cultural/contextual analysis; Stage 3- theological reflection; Stage 4- Formulating revised forms of practice.

Essentially, missiological concepts on contextualization from an intercultural and interreligious perspective, drawing on methodologies and concepts from practical theology and the social sciences will be engaged in the data analysis. Suffice it to say, this research employs multiple theories, concepts from Swinton and Mowat's (2006:95) practical theological framework, as well as Pawson and Tilley's (2005:365) context-mechanism-outcome (CMO) configurations framework for data analysis.

## **1.8. Research ethics**

Ethical clearance was obtained from the Faculty of Theology and the Ethical Committee of Stellenbosch University. Permission to conduct this research was sought from the various institutions selected for this study. Participants were also allowed to willingly give their consent before participating in the research.

## **1.9. Functional definitions**

For the purpose of this study, a functional definition clarifies the meanings and use of the following terms in their appropriate context.

### **1.9.1. Persons with disability**

Persons with disability are people who live with different kinds of impairments and often need assistive devices and/or assistance to access products and the environment. They often encounter barriers in society that hinder their equal access to rights, privileges and resources.

### **1.9.2. Blind Persons**

Blind persons are persons with a complete loss of vision.

### **1.9.3. Deaf persons**

‘Deaf’ people mostly have profound hearing loss, which implies very little or no hearing. They often use Sign Language for communication (WHO, n.d.). In this study, ‘Deaf’ refers to a person with both hearing loss and speech/language impairment. I am aware of the fact that not all persons with hearing loss have a speech impairment, and vice versa. Deaf is deemed appropriate since the majority of persons with hearing loss have speech loss as well, and even those who have just one such disability are comfortable with the Deaf culture and use of Sign Language as a means of communication. It is relevant to clarify that ‘Deaf’ means deaf persons who use Sign Language as a means of communication whereas deaf is general.

### **1.9.4. Equity**

Equity refers to persons with disability being treated equally and fairly without discrimination, compared to persons without any form of disability. It means that persons with disability are given equal opportunities (treated fairly).

### **1.9.5. Access**

According to the City of Darebin's Disability Access and Inclusion Plan (2009-2013), disability access refers to the removal of barriers that prevent a person with a disability from participating in community life in a way that is equitable and dignified. Barriers can exist in the physical or social environment, such as through attitudes towards disability access. They are various forms of accessibility but this section is limited to the following forms: to physical infrastructure, information, education and social life.

### **1.9.6. Inclusion**

Inclusion in a broader sense means ensuring that everyone regardless of race, gender, disability or religion, ethnicity, age, sexual orientation or any form of social identity can have equal access to rights, privileges and resources in society. Inclusion stresses equal rights and opportunities for all (Artiles, Harris-Murri & Rostenberg, 2006:261).

### **1.9.7. Exclusion**

Exclusion (also social exclusion) means marginalization, where persons with disability are denied equal access to rights, privileges, opportunities and resources in society. They are therefore relegated to the background due to barriers in society. Exclusion is when persons with disability experience discrimination in such a way that they are cut off from societal life.

### **1.9.8. Participation**

Participation (also social participation) is the equity and access for persons with disability to all aspects of societal life. The ability to freely and equally access rights, resources, privileges, among other opportunities in society. This means that social barriers such as discrimination, stereotypes, stigmatization, labelling, etc., must be dealt with. Furthermore, laws, policies, structures, and infrastructure, etc., must be tailored to ensure that persons with disability are well included and integrated into society.

### **1.9.9. Theological Education**

Theological education is the formal theological and pastoral training that is obtained from seminaries, Bible colleges and Christian universities.

### **1.9.10. Culture**

Culture is a fairly broad concept and difficult to define. For the purpose of this research, culture is "a way of being and thinking, including the activities, attitudes and worldviews that together constitute the difference that exist between one people and another. It is gathered and carried in language, symbols,

rituals, and give expression to, and is also expressed in, religious beliefs. African culture is steeped in religion that is variously termed “Traditional”... social cultures are made up of a material way of life but they also have spiritual components (Oduyoye, 2003:41, 42).

### **1.9.11. Traditional belief system**

Traditional belief systems are traditions, beliefs and customs that have been with a particular group of people from generation to generation.

### **1.9.12. Ghanaian Church**

The terms Ghanaian church, Ghanaian churches and churches in Ghana are used interchangeably in this study, and refers to the general Christian community in Ghana. Participants, especially pastors and persons with disability, are from various denominations.

## **1.10. Chapter Outline**

This dissertation is divided into six main parts or chapters outlined as follows:

**Chapter One** offers a general introduction to the entire dissertation.

**Chapter Two** presents the disability situation in Ghana focusing on disability laws and policies.

**Chapter Three** introduces the conceptual framework for the study: a theological conceptual framework of stigma and disability. Included in this chapter is the literature review; the conceptualization of disability is done from both a social and theological perspective.

**Chapter Four** comprises the data analysis: the data analysis is introduced followed by a description of the methodological framework for the data analysis. The social aspects of stigmatization and the exclusion of persons with disability in the Ghanaian society are analysed.

**Chapter Five** continues the data analysis: There is a continuation of data analysis, focusing more on the interaction between the social and theological factors that influence the equal accessibility for persons with disability in theological education in Ghana.

**Chapter Six** concludes the study and lists a number of recommendations: Conclusions are drawn from the entire dissertation focusing on the research questions, appropriateness of the research methodology and design, and findings from the empirical research. The final section of the dissertation provides



recommendations that could possibly enhance the equal accessibility for persons with disability in theological education in Ghana.

### **1.11. Conclusion**

Chapter one serves as an introduction to the entire dissertation. It presents the background, research aims and objectives, research questions, research design and methodological framework for this study. The study utilized integrative research designs, concepts and theories from the social sciences, and disciplines of missiology and practical theology giving the research an interdisciplinary stance. The research employs a qualitative approach, a social constructionist paradigm, which is also a cultural research, and some aspects of realistic evaluation.

In the following chapter, the disability situation in Ghana will be presented, which forms part of stage one (it seeks to understand the current situation, and asks: what appears to be going on pre-reflectively?) and stage two (cultural/contextual analysis, and asks: what is actually going on here? It is an exploration or excavation of the complex matrix of meanings within the situation) of Swinton and Mowat's (2006:95) framework for theological reflection.

## **CHAPTER TWO**

### **The Situation Regarding Disability in Ghana**

#### **2.1. Introduction**

Chapter two will reflect on the situation of disability in the Ghanaian society as a whole, focusing on the socio-cultural and religious aspects of disability. The chapter begins with a brief overview of cultural research, and then considers disability laws and policies, which will shed some light on the rights and accessibility for persons with disability. It is important to review the current state of disability in Ghana as well as some cultural practices and symbols that depict Ghanaian unity and hospitality. This will serve as a background to the study and will provide a thorough reflection on equal accessibility to theological education, particularly in the data analysis. This section implements stages one and two of the practical–theological reflection framework as developed by Swinton & Mowat (2006). Stage one concerns the current situation: what appears to be going on pre-reflectively. Stage two refers to the cultural/contextual analysis: what is actually going on here; this stage is more concerned with the data analysis. As explained in chapter one, this study uses a cultural approach to social constructionism as its methodology. The cultural and traditional perceptions of disability in Ghana serve as a lens through which disability is explored.

Jacqueline Slikker (2009), a Voluntary Service Overseas (VSO) volunteer, conducted research on the attitude towards people with disabilities in Ghana. Her research, together with that of other authors, as well as reports from the news, including the internet, newspapers and television, are used as a point of departure to present the current state of disability in Ghana. According to Elliot & Byrd (1982), the mass media is part of our day to day activities; thus, societies are being influenced by whatever is being portrayed in the media. Therefore, the way disability is projected in the media influences people's perceptions and attitudes towards persons with disability. For this reason, it is worth reflecting on the mass media as a source of primary data with regards to some aspects of this study. According to Slikker (2009: viii), literature on disability in Ghana is very limited, and religious and cultural beliefs account for attitudes towards persons with disability.

#### **2.2. Ghanaian culture as a resource**

Chapter one (see heading 1.7) indicates that the current research makes use of multiple methodologies; the social constructionist paradigm is used together with cultural research, and also some aspects of realistic evaluation approach. Social constructionism, cultural research and CMO are all focused on contextualization. Social constructionism uses social and cultural contexts to explore a phenomenon,

concentrating on how behaviours are formed in a society. Cultural research uses culture to investigate a phenomenon, whereas CMO helps to evaluate responses to resources in particular contexts. CMO is helpful to answer the *why* and *how* of the contextual phenomenon of disability and theological education in Ghana. The Ghanaian culture is used as a resource to explore equal access to theological education for persons with disability in Ghana. This also provides the context for this study. There are ten regions in Ghana consisting of different tribes. These tribes all have their peculiar cultures but there are some cultural practices that cut across, some of these values will be discussed later in this chapter (cf. 2.5.1). The perception of disability as a curse is a general cultural pattern in the Ghanaian society.

Wuthnow (1992:37) argues as I have already indicated above that social structure is essential in understanding culture. In addition, according to Ukpong (1999:100-108), the sociological-anthropological approach to inculturation is an interaction between anthropological and social aspects of culture which takes into account how worldview, symbols and meanings interact with the social context, social identities and social structures within a culture to explain a phenomenon and its relationship with Christianity. Disability is symbolic in the way it is perceived in the Ghanaian culture and traditional belief system, as it connotes negativity. This is further delineated in subsequent sections. This helps to promote dialogue between Christianity and culture, and to present the gospel in such a way that Christianity is not imposed, thereby creating a reciprocal movement: “Inculturation of Christianity and Christianization of culture” (Bosch, 1991:454). It is necessary to consider the various social aspects of disability, since this will enhance the dialogue in the data analysis. Therefore, chapter two presents existing knowledge on the situation concerning disability in Ghana, taking into account the laws and policies on disability and the cultural/religious context. According to Wuthnow (1987:10-11), there are four basic approaches to cultural analysis, these are: subjective, structural, dramaturgic and institutional. The subjective approach “focuses on beliefs, attitudes, opinions and values...elements of culture are mental constructions, made up or adopted by individuals”; the structural approach “focuses on patterns and relationships among cultural elements,” whereas the dramaturgic approach “focuses on the expressive and communicative properties of culture”. In addition, the institutional approach adds other elements to the structural and dramaturgic approaches by seeing culture as also “consisting of actors and organizations that require resources,” which in turn, influence the distribution of resources. Hence, it is necessary to investigate the inclusion of persons with disability in theological education in Ghana. But Loius Luzbetak (1988:72-79) in his book: *The Church and Cultures: New Perspectives in Missiological Anthropology*, defines culture as: “A dynamic system of socially acquired and socially shared ideas according to which an integrating group of human beings is to adapt itself to its physical, social and ideational environment”. Moreover, interpersonal, organizational and communicational aspects of culture which make up the social environment are contextually relevant. Luzbetak presents three levels of contextualizing culture. Level one is the surface level of the form/shape of cultural patterns, it answers the questions of: who, what, when, where, what kind and

how? It must be noted that the why is left out, this is explored at other levels. Level two answers the question of why. The focus is on usage, purpose and meaning; the questions asked at this stage are: “What are the reasons, usages, presuppositions, prerequisites, needs, associations, repercussions, logical connections, etc., of a particular form of culture?” Level three focuses on the psychology of a society; this level digs deeper than level two in trying to understand attitudes, “basic goals and drives, starting points in reasoning, reacting, motivating”. These questions are seldom asked but they provide a more fitting explanation and more appropriate answers to the question of why in level two. So in essence, the way disability is culturally constructed as a curse in Ghana is used as a lens to see whether this is in any way connected to stigmatization and the exclusion of persons with disability from theological education. In this regard, inculturation is brought into perspective, not forgetting the stigma-theory and Swinton’s concepts on disability to investigate the influence of the Ghanaian culture on any possible stigmatization and exclusion of persons with disability from social and religious life and how it may further impact on accessibility to theological education. This chapter only provides a glimpse into what the situation regarding disability in Ghana is all about, but subsequent chapters will engage in field data analysis which takes into account the relevant aforesaid elements of cultural contextualization. Wuthnow (1992) and Luzbetak (1988) are together engaged with Bosch (1991), Küster (2003 & 2005), Kritzing (2008) and others in the data analysis from a missiological perspective.

Mercy Oduyoye (2003:41, 42), a renowned Ghanaian theologian, writing from an African theological and African feminist perspective indicates that:

Cultural experience flows in concentric circles, and one should be ready for someone next door to say that a particular detail is experienced differently in that nearby context. Culture is a way of being and thinking, including the activities, attitudes and worldviews that together constitute the difference that exist between one people and another. It is gathered and carried in language, symbols, rituals, and give expression to, and is also expressed in, religious beliefs. African culture is steeped in religion that is variously termed “Traditional”... social cultures are made up of a material way of life but they also have spiritual components.

Following the same line of argument, Wuthnow (1992:37) maintains that there is a connection between religion and culture. Symbolism is an integral part of religion in the form of totems, amulets, rituals, crucifixes, relics, creeds, and sacred rituals, among others. These symbols “define ourselves, our relations to nature, our sense of personal identity, and our collective loyalties and destinies. If symbolism is the essence of culture, then religion surely has an important cultural dimension”. It must be noted that religion is not only made up of symbols or culture but also consists of power, status, finance, organization and membership. As I have quoted above, he argues, “Culture cannot be understood socially unless it is “explained” in terms of social structure- unless the “sources” or “causes” of religious beliefs are located within such obdurate features of the social world as class interest, power relations. Social networks, family background, and the like.” This is to say that, in religious culture,

there are two sides of the coin—culture is interpreted through social structure, and in the same way, culture becomes a tool by which social structure and other occurrences are interpreted. He admits that it is a difficult task to observe or measure religious culture; however, the starting point must be the subjective, where an individual's belief system becomes an important part of the whole reality. In this way, culture is seen as a practice among social relations within social situations. Therefore, the way disability is traditionally interpreted, i.e. as a curse, is an aspect of the Ghanaian culture and the traditional belief system, which is brought into perspective when investigating the stigmatization and exclusion of persons with disability from the Ghanaian society and theological education. For this reason, it is important to explore why and evaluate whether the Ghanaian culture has any influence on the construction of disability within the Christian context; and if so, how this may be impacting on equal access to theological education for persons with disability. The relevance of interviewing different groups of participants such as pastors, theological institutional heads, disability experts, and persons with disability themselves will possibly enhance the understanding of these individuals' construction of disability within the larger Ghanaian culture and context, and how this may influence theological education. Küster (2003:171), Kritzing (2008:771,772) and Bosch (1991:447) argue along similar lines as Wuthnow (1992:37) and Luzbetak (1988:72-79), emphasizing the importance of contextualization when doing missiological, cultural and interreligious theological research.

In essence, the Ghanaian culture is a relevant lens from which to explore and evaluate the equity and access of persons with disability in theological education. The focus of this chapter will be on relevant aspects of the Ghanaian culture pertaining to this research. Thus, the Ghanaian culture itself is a context and a resource within which other contexts and resources such as attitudes and perceptions of disability are explored. The current chapter therefore sets the pace, facilitating extensive cultural analysis in subsequent chapters.

### **2.3. Population of persons with disability in Ghana**

According to WHO<sup>21</sup>, 15% of the world's population lives with a disability, and majority of them are in the developing countries, which includes Ghana. The 2010 census documented that the general population of persons with disability in Ghana is 15%. The small size of their population also reveals how government and policymakers, as well as other institutions like churches and theological institutions are willing or unwilling to implement regulations and policies to grant them equal rights, privileges and resources in society.

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<sup>21</sup> WHO. *World report on disability* [Online].: Viewed from: [http://www.who.int/disabilities/world\\_report/2011/report/en/](http://www.who.int/disabilities/world_report/2011/report/en/). [Date accessed: 12 August 2016]

## 2.4. Laws and policies on disability in Ghana

This section presents some laws and policies that govern disability issues in Ghana. It takes into account some Acts on disability in the Constitution and the Disability Act of Ghana which is pertinent to this study. The review of the laws and policies on disability does not focus on the legalities involved in the inclusion/exclusion of persons with disability from social life, but rather depicts that equity and access to every aspect of life, be it social, religious, economic, etc., for persons with disability is their fundamental human right. In essence, if there is any exclusion of persons with disability from full participation in societal life then that will mean a deprivation of their fundamental human rights.

### 2.4.1. Some Disability laws in the Constitution of Ghana

According to the 1992 Constitution of the Republic of Ghana, it is the fundamental human rights of persons with disability to have equal access to employment, education, information, religion, infrastructure and social life, amongst others:

#### FUNDAMENTAL HUMAN RIGHTS

Equality and freedom from discrimination

17. (1) All persons shall be equal before the law.

(2) A person shall not be discriminated against on grounds of gender, race, colour, ethnic origin, religion, creed or social or economic status.

(3) For the purposes of this article, "discriminate" means to give different treatment to different persons attributable only or mainly to their respective descriptions by race, place of origin, political opinions, colour, gender, occupation, religion or creed, whereby persons of one description are subjected to disabilities or restrictions to which persons of another description are not made subject or are granted privileges or advantages which are not granted to persons of another description.

Economic rights

24. (1) Every person has the right to work under satisfactory, safe and healthy conditions, and shall receive equal pay for equal work without distinction of any kind.

Educational rights

25. (1)

(c) Higher education shall be made equally accessible to all, on the basis of capacity, by every appropriate means, and in particular, by progressive introduction of free education;

(d) Functional literacy shall be encouraged or intensified as far as possible;

(e) The development of a system of schools with adequate facilities at all levels shall be actively pursued.

Cultural rights and practices

26. (2) All customary practices which dehumanise or are injurious to the physical and mental well-being of a person are prohibited.

Rights of disabled persons

29. (1) Disabled persons have the right to live with their families or with foster parents and to participate in social, creative or recreational activities.

(4) Disabled persons shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature.

(6) As far as practicable, every place to which the public have access shall have appropriate facilities for disabled persons.

(8) Parliament shall enact such laws as are necessary to ensure the enforcement of the provisions of this article.

From these excerpts from the Constitution of the Republic of Ghana it is clear that there should not be any discrimination whatsoever against persons with disability. Therefore, they must be given every opportunity to fully participate in societal life. Hence, any discrimination or lack of equal access will be a simple violation of their fundamental human rights. They are entitled as citizens of Ghana to enjoy accessibility to rights, resources and privileges in society. It is mandatory for Ghanaian churches and theological institutions to ensure equal accessibility for persons with disability in their ministries, activities and praxis. This research is necessary as it seeks to explore any violation of these fundamental rights of persons with disability pertaining to accessibility to theological education in Ghana.

In Ghana, unempirical and empirical evidence shows that persons with disability do not have equal access to rights, resources and privileges in society. Though the various disability associations in collaboration with government and some advocacy organizations are making incremental headway, accessibility for persons with disability still has a long way to go. Slikker (2009:14), Avoke (2002:771) and Baffoe (2013:189) have established that the perceptions, constructions of disability and attitudes towards persons with disability are imbedded in the culture and traditions of Ghana. The study reflects on whether or not institutions take the laws of no discrimination seriously. The Constitution clearly states, persons with disability must have equal access to rights, privileges and resources; thus, are individuals and institutions ready to overlook cultural belief systems and grant them equal access?

According to Peace FM Online<sup>22</sup>, “Limited access to education, unemployment, stigmatization, social exclusion, negative socio-cultural perception and poverty are few of the challenges facing persons with disability in Ghana”. Article 25(1) as stated above shows that persons with disability are expected to have access to higher education; institutions must therefore provide accessible facilities which include physical structures, as well as functional literacy which in the case of persons with disability includes Sign Language, Braille and audio books. Theological institutions are no exception, they are also expected to be accessible, and this point raised makes this study an absolute necessity. Article 26(2) indicates that culture and customs must not in any way dehumanize persons with disability, this is explored to see if the Ghanaian culture has any influence on stigmatization and the exclusion of persons with disability from theological education. Furthermore, Article 29(6) clarifies that as far as practicable, public places must have accessible facilities. Churches and theological institutions are all public places so they are therefore required to have accessible facilities. This explains the relevance of this study,

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<sup>22</sup> A Ghana news agency: Peace FM Online. Available: <http://www.peacefmonline.com/>. [Date accessed: May 2014].



which investigates any stigmatization and exclusion of persons with disability in accessing theological education in Ghana.

## **2.4.2. Ghana Disability Act 715 (2006)**

The 1992 Constitution of Ghana offers limited and unelaborated provisions for persons with disability. There is therefore the need for a more elaborate regulation to assist with the granting of equal access to privileges, rights and resources. The Disability Bill was proposed and sent to parliament where it lingered for fourteen years. Owing to the persistent cries of advocacy groups and persons with disability, spearheaded by the Ghana Federation of the Disabled (GFD), the Disability Act 715 was enacted by the President and Parliament of Ghana in 2006. The Act addresses various aspects of accessibility for persons with disability. However, persons with disability consider it to be just a skeleton of what it should actually contain. The government of Ghana and other stakeholders have been granted a ten year grace period to ensure that all facilities are accessible to persons with disability. The year 2016 is the tenth year.

Only sections that are relevant to this research will be cited below. It must also be noted that numbers of sections do not follow any particular order and are directly quoted from the Act according to their relevance. A look at the Disability Act is necessary to determine the extent to which persons with disability are expected to have full access to social, economic, religious life, etc., in Ghana as this is their fundamental human right. This points to the social dimension of this study; here, issues of social structure, identity, and social interaction are relevant when reflecting on theological education for persons with disability, as granting them equal access to theological education is their right as citizens of Ghana.

### **Rights of persons with disability**

Right to family life and social activities

1. A person with disability shall not be deprived of the right to live with that person's family or the right to participate in social, political, economic, creative or recreational activities.

Differential treatment in respect of residence

2. Except as otherwise required by the condition or the need for improvement of a person with disability, a person shall not subject a person with disability to differential; treatment in respect of residence.

### **Exploitation of and discrimination against a person with disability**

1. A person shall not discriminate against, exploit or subject a person with disability to abusive or degrading treatment.

### **Access to public places**

6. The owner or occupier of a place to which the public has access shall provide appropriate facilities that make the place accessible to and available for use by a person with disability.

### **Access to public services**

7. A person who provides service to the public shall put in place the necessary facilities that make the service available and accessible to a person with disability.



### **Employment of persons with disability**

#### **Public employment centres**

9. The Ministry shall through the public employment centres, assist to secure jobs for persons with disability.
11. A person who employs a person with disability shall provide (a) the relevant working tools, and (b) appropriate facilities required by the person with disability for the efficient performance of the functions required by the employment.

### **Facilities and equipment in educational institutions**

#### **Refusal of admission on account of disability**

20. (1) A person responsible for admission into a school or other institution of learning shall not refuse to give admission to a person with disability on account of the disability unless the person with disability has been assessed by the Ministry responsible for Education in collaboration with the Ministries responsible for Health and Social Welfare to be a person who clearly requires to be in a special school for children or persons with disability.
2. A person who contravenes Subsection (1) commits an offence and is liable on summary conviction to a fine not exceeding fifty penalty units or imprisonment for a term not exceeding three months or to both.

#### **Library facilities**

22. A public library shall as far as practicable be fitted with facilities that will enable persons with disability to use the library.

### **Derogatory Names**

23. (1) A person shall not call a person with disability derogatory names because of the disability of the person. 92) A person who contravenes Subsection (1) commits an offence and is liable on summary conviction to a fine not exceeding fifty penalty units or to a term of imprisonment not exceeding three months or to both.

#### **Participation in national activities**

39. A person or institution which organises a national, regional or district activity, shall as far as practicable ensure that facilities are made available for the participation in the activity by persons with disability.

It is spelt out in this Disability Act that institutions are supposed to be, as far as possible, accessible to persons with disability. Accessible facilities must be available such as physical access, communication access and library facilities. In addition, they must not be denied admission to any educational institution due to a disability. Theological institutions are also expected to do the same. It is a criminal offense to refuse persons with disability admission. Moreover, the Disability Act provides laws against discriminative and derogatory attitudes towards persons with disability. In essence, persons with disability in Ghana are expected to be fully integrated and included in society.

It is interesting to note that in The Ghanaian Times (December 5, 2014:1), a national newspaper, it was reported in its editorial that the parliament building of Ghana is inaccessible to persons with disability. December 3 was the International Day of Disability so the parliamentary building was chosen for the celebration. It was disappointing to find that the many persons with disability who attended the function could not access the chamber of parliament as there were no accessible ramps or pathways. The editor (2014:1) expressed her shock as follows:

“No; parliament must be made friendly!”

Unfortunately, the day was celebrated on a low key, and strangely confined to the floor of Parliament, Ghana’s law making body. Though least expected, it attracted a large number of disabled people who hoped to join the members of Parliament to celebrate the day. Sadly, many had the rude shock of their lives, when they became stranded, because they could not access the chamber; to join in the celebration... Ironically, this is the same house that passed the Disability Law, 2006 (Act 715) which is aimed at ending discrimination against the disabled. As a matter of fact, Sections 6 and 7 of the Act require that public places are provided appropriate facilities to make them accessible to the disabled. It is therefore, disheartening that these sections of the law have been flouted with impunity, not only by parliament, but the society in general.

It is sad that, in spite of the legislation which guarantees the rights of persons with disabilities, it appears discrimination continues to prevent them from participating fully in the political and social life of the country. The celebration of the International Day of the Disabled exposed all of us for excluding the disabled, from participating in social life, wherever they are.

We must all bow down our heads in shame, for this unfortunate incident, eight years after the passage of the Disability Law.

This incident happened at the end of the eighth year of the grace period for the full implementation of the Disability Law. This is currently the tenth year, and there is still no evidence that the parliament of Ghana has been made accessible. If the law-making body that approved the Disability Law is not yet accessible to persons with disability, then the observable state of severe neglect and exclusion of persons with disability in Ghana is already evident. This finding makes it relevant to explore this exclusive reality in the light of theological education.

According to Slikker (2009:38), the publicity of the Disability Act is very low. The results of her research shows that not many people, even persons with disability themselves, are aware of the Act. The lack of public knowledge accounts for the non-implementation, so she recommends that government and other advocacy organizations should take deliberate measures to ensure that as many people as possible know and understand the rights of persons with disability in Ghana. The lack of implementation of the Disability Act 715 is indicative of the negative attitude of the Ghanaian society towards persons with disability. This is in line with the way persons with disability interpret their reality in the social model of disability. These factors, in addition to others, act as barriers to their full inclusion and integration, and not necessarily their actual disability. This research further explores the stigmatization and exclusion of persons with disability, taking into account their rights as stated in the Constitution of Ghana and the Disability Act. The following section sheds light on the socio-cultural perspective of disability in Ghana.

## 2.5. Socio-cultural perspective of disability in Ghana

This section of the chapter addresses the socio-cultural situation of disability in Ghana. The focus is on disability as it relates to family and culture. This is relevant to gain some insight into the exclusion and lack of participation by persons with disability in society, even before the field data is analysed. Presented here are some aspects of the Ghanaian culture that depict negative attitudes towards people with disability, which is in absolute contrast to the general value of hospitality and unity in this culture. According to Ukpong (1999:100-108), inculturation theology is a new way of doing theology that seeks to interpret the Christian faith from the perspectives of the socio-cultural contexts and historical life experiences of different peoples, and to challenge society with the gospel message. Hence, the socio-cultural context of disability is necessary in the theological conversation on the accessibility of theological education for persons living with disability in Ghana. Sociological-anthropological inculturation brings into perspective the worldview, symbols and their meaning, and other social interactions within a culture. Therefore, the construction of disability as a curse in the Ghanaian culture and traditional belief system is symbolic; explorations into socio-cultural aspects of disability in this section serves as a background to the study, which will be useful when analysing the field data in chapters four and five.

### 2.5.1. The Ghanaian culture, an epitome of unity and hospitality

As indicated in section 2.2, culture is the “shared patterns of behaviors and interactions, cognitive constructs and understanding that are learned by socialization. Thus, it can be seen as the growth of a group identity fostered by social patterns unique to the group” (Center for Advanced Research on Language Acquisition)<sup>23</sup>. Loius Luzbetak (1988:72-79) defines culture as “a dynamic system of socially acquired and socially shared ideas according to which an integrating group of human beings is to adapt itself to its physical, social and ideational environment”. Wuthnow (1992:37) also sees culture as a practice among social relations within social situations. In other words, the Ghanaian culture focuses on social patterns of perceptions, constructions, belief systems and attitudes, amongst others. This section takes into account some aspects of the Ghanaian culture that fosters unity and hospitality.

As stated above, there are ten regions in Ghana consisting of various tribes. These regions and tribes have different languages, dress codes, food and culture, etc. However, there are certain cultural practices that are general to all tribes, especially those that connote Ghanaian hospitality and unity. Some of these practices and symbols are brought into perspective in this section. Born and raised in Ghana, I am familiar with our cultural practices that portray hospitality and unity. Ghanaian hospitality has been

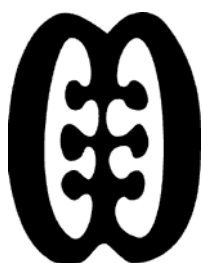
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<sup>23</sup>Center for Advanced Research on Language Acquisition. University of Minnesota, Viewed at: <http://carla.umn.edu/culture/definitions.html>. [Date accessed: May 2015].

characterized by the way ‘strangers’ or visitors/guests are welcomed in a home, i.e. guests are welcomed systematically by offering them a seat, some water to drink, and extending a warm handshake before they greet. It is often a lengthy exchange of greetings with both parties asking how their relatives are doing. Although the younger generation sometimes tries to avoid the lengthy greeting, it can hardly be ignored. As I was growing up, I recall that I would just greet with a “Good afternoon!” or “Good evening!” when entering a house, but my grandmother always asked me to wait to be properly welcomed before greeting. Lao Tzu puts it this way in the Adventures in Ghana blog,<sup>24</sup> “Whether you are a tourist for the day or spending a lifetime in Ghana, greetings are the most important part of social decorum... *Akwaba*- this means "welcome" in Ghana. It is much more than a word though. Ghanaians are some of the most hospitable people I have ever met”.

Regarding unity, Ghanaians mostly unite at the level of the extended family, particularly for a common cause, i.e. at a naming ceremony, marriage ceremony, or funeral. (It was at my mother’s funeral that I experienced how strong this culture really is. As her eldest child, the extended family was a force to reckon with as we had to do things according to their expectations. The beautiful aspect was that we never felt alone as relatives were each assigned responsibilities.. Such aforementioned cultural values are a strong sign of unity in the Ghanaian culture which will be brought into perspective in the data analysis phase of this research, as well as conclusions in the last three chapters of this thesis.

“Symbols are objects, characters, or other concrete representations of ideas, concepts or other abstraction”. The Ghanaian culture, just like other African cultures, poses symbols which have significant meanings but their value is subject to the interpretation of a group or culture (Atiase & Appiah, 2015:139). The Akan people of Ghana are noted for the *Adinkra* symbols which are usually printed on fabric. Below are a few that represent the value of strength in unity and support in the Ghanaian culture. Symbols and meanings are directly quoted from Koutonin (2013):<sup>25</sup>



#### **1. ESE NE TEKREMA: “the teeth and the tongue”**

Symbol of friendship and interdependence.

The teeth and the tongue play interdependent roles in the mouth.  
They may come into conflict, but they need to work together.

<sup>24</sup> Tzu, L. 2010. Adventures in Ghana Viewed from: <http://obrunithroughghana.blogspot.sn/2010/09/twi-language-guide-i-never-had.html>. [Date accessed: April 2015].

<sup>25</sup> Koutonin, Mawuna Ramarque, (2013:63), African Symbols for Creative Design. *Silicon Africa*. np. Viewed from: <http://www.silicon africa.com/african-symbols-for-creative-design/>. [Date accessed: May 2016].



**2. NKONSONKONSON: “chain link”**

Symbol of unity and human relations.

A reminder to contribute to the community that in unity lies strength.



**3. MPATAPO: “knot of pacification/reconciliation”**

Symbol of reconciliation, peacemaking and pacification.

*Mpatapo* represents the bond or knot that binds parties in a dispute to a peaceful, harmonious reconciliation. It is a symbol of peacemaking after strife.



**4. BI NKA BI: “No one should bite the other”**

Symbol of peace and harmony

This symbol cautions against provocation and strife.  
The image is based on two fish biting each other tails.



**5. SESA WO SUBAN: “Change or transform your character”**

Symbol of life transformation.

This symbol combines two separate *Adinkra* symbols, the “Morning Star” which can mean a new start to the day, placed inside the wheel, representing rotation or independent movement.

The question I pose here, and seek to answer in the subsequent chapters, is whether these aspects of the Ghanaian culture are reflected in the societal and Christian attitudes towards persons with disability, or not? And the implication of this on accessibility to theological education for persons with disability in Ghana.

## **2.5.2. Disability and culture in Ghana**

It is evident from observable behaviour as well as from the literature that culture has an influence on interpretations, perceptions and constructions of disability (McNair & Sanchez, 2008:37). This section looks at some of the cultural practices and perceptions of disability in Ghana.

According to Slikker (2009:15), the cultural belief system, social status and religion are some of the main factors that influence the attitudes of Ghanaians towards persons with disability. In many cases, disability is seen as a curse or punishment inflicted on the family by the gods/ancestors because of the sins of the parents, or ancestors, or persons with the disability themselves. The belief in reincarnation also has a part to play; persons with disability are considered as reincarnated ancestors who might not have lived their lives well. Takyi (2013:54-79) in his research also confirms that disability is constructed as a curse and persons with disability are considered as sick people, river gods, spirits, or victims of evil attacks. This strengthens Shiriko's (2011:170) point that many Africans believe there is a spiritual cause for everything that happens. Chomutiri (2009), in his doctoral dissertation at the same faculty<sup>26</sup> where this research is being done, also questions the attribute of disease/sickness to ancestors and evil powers among the Karanga people in Zimbabwe. Likewise, Onyinah (2006:122)<sup>27</sup> says that many Ghanaians have ruled out other causes of disability but attribute disability/disease to witchcraft and other demonic influences, often resorting to exorcism. This belief system shows how persons with disability are not accepted and welcomed in the Ghanaian society. This research explores the Ghanaian cultural perception of disability as a curse within social and Christian contexts to see if there is any influence on the stigmatization and exclusion of persons with disability from theological education in Ghana.

In some parts of Northern Ghana, children born with disability are killed because they are considered as spirit children. This practice is documented by Slikker (2009:15). Goffman's (1963:1-2) stigma-theory states that persons with disability are categorized by society in a degraded social identity which is defined by the society. Thus, the Ghanaian society has disqualified persons with disability. So Wiess, Ramakrishna and Somma (2006:277) describe stigmatization as a social disqualification. Coleman's (1997:226) assertion on stigma better fits this situation as he likens stigmatization to social death. In fact, this goes beyond Coleman's description: "stigma represents a kind of death – social death". Stigmatized people are excluded from social life and it seems as if they are "invisible, nonexistent, or dead". In this case, persons with disability do not only experience a kind of social death but actual death. They are denied their fundamental human right to live. There is a common belief in Ghana that if one meets a blind person early in the morning, it signifies misfortune. Meaning, there would be a subsequent evil experience or bad news during that day. Many cultural belief systems and practices are clear indications of discrimination and marginalization of persons with disability in Ghana. This research further explores *how* and *why* cultural religious resources mediate the relationship between stigmatization and exclusion of persons with disability from theological education in Ghana.

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<sup>26</sup> Chomutiri (2009). Faculty of Theology, Stellenbosch University.

<sup>27</sup> Opoku Onyinah is the current General Apostle for the Church of Pentecost, Ghana. His article titled, 'God's Grace, Healing and Suffering,' is not directly on disability but the main themes such as healing and African spirituality are relevant to this study.

In light of the fact that it is considered a norm in Ghana to accord higher respect to leadership, a lot of consideration goes into choosing a leader at all levels of society. In most instances, a leader with disability is frowned upon. In January 2013, the news of the nomination of Dr Henry Seidu Danna as the Minister for Chieftaincy and Traditional Affairs was not well received by many people, especially the traditional rulers. Dr Daanaa, who is blind, is the first blind person to become a lawyer and a minister of state in Ghana. He has a PhD in Anthropology of Law and is well researched in chieftaincy issues. When he was nominated as a minister of state, many Ghanaians were against this gesture by the president. The National House of Chiefs sent a delegation to the president to consider withdrawing his nomination as the traditions of Ghana do not allow persons with disability to have a leadership role over royalty. The Asantehene, Otumfuo Nana Osei Tutu II, king of the Ashanti Kingdom, publicly distanced himself from the negative reactions from the chiefs. It is common knowledge that persons with disability are not allowed to enter traditional palaces or have any interaction with royalty in the Ghanaian culture and traditional belief system. It seems the chiefs did not consider his expertise but only focused on customs, traditions and culture. This sheds light on how the Ghanaian community is deeply rooted in their traditions and culture, and consequently, persons with disability experience extreme discrimination within this society. It also depicts the perceptions of Ghanaians on the leadership of persons with disability. The question to explore further is whether these socio-cultural perceptions of leadership for persons with disability reflect on their participation in pastoral ministry, more particularly, the interaction between the social and theological mechanisms that may influence the inclusion/exclusion of persons with disability in theological education? It is already evident that the Ghanaian culture as both a context and a resource triggers the marginalization and discrimination of persons with disability with regards to equally accessing rights, resources and privileges. The way Ghanaians in general, and persons with disability in particular, respond to the cultural perception of disability (as being a curse) in terms of accessibility to theological education is explored further in chapters four and five.

Goffman's stigma theory, Swinton's (2001) categorization, and Reynold's cult of normalcy are evident in the traditional belief system and culture of Ghana. The question posed here is: "How and why does the cultural religious resources mediate the relationship between stigmatization and exclusion of persons with disability from theological education in Ghana?" The following sub-section presents family attitudes towards persons with disability in the Ghanaian society. This will be further investigated in the data analysis (chapter four).

### **2.5.3. Family attitudes towards persons with disability in Ghana**

The extent to which a person with disability is included or excluded from society basically depends on the attitude of the immediate family. Unempirical evidence obviously shows that most families in Ghana



struggle to live with and support their relatives who have a disability; however, few families are supportive. If the family accepts the situation positively and is supportive, it is possible for persons with disability to integrate more easily into the larger society to a degree, and vice versa.

Family refers to a group of people related by descent or marriage. There are different kinds of families, for instance, there is the nuclear family which consists of parents and children; and the extended family, which consists of distant relatives such as cousins, grandparents, aunts, uncles, etc., (Shiriko, 2011:175). In Ghana, people of the same clan are also regarded as family. Families have the basic responsibility of caring for and supporting each other by virtue of their relationship. Therefore, families of persons with disability are required to offer the necessary support which is needed to ensure their inclusion and wellbeing. In this study, family refers to both the nuclear and extended family but does not necessarily include the members of the larger clan.

Shiriko (2011:175, 176) argues that in Africa, the presence of persons with disability brings social pressure and discomfort, amongst others, to family members; normal reactions towards them are denial, anger, adaptation, re-organization and overprotection, etc. The situation in Ghana is not any different as the emergence of a person with a disability (either by birth or by other means) is not acceptable. As indicated by Onyinah (2006:121, 122), disability and other diseases are attributed to witchcraft and demonic powers, so for that matter, it is a common thing for many families in Ghana to abandon or hide a person with disability from relatives, especially children.

According to Slikker (2009:39-54), in her research on the attitudes towards persons with disability in Ghana, she reports that many persons with disability do not appreciate and value themselves because of the negative treatment they experience from their families. This is in line with Goffman's (1963:4) statement that persons with disability tend to believe the negative perceptions about them, which often leads to shame and self-pity. Also, pregnancy and childbirth are considered to be a blessing from God. Thus, there is no room for disability except viewing it as a curse from the gods or witchcraft/'juju'. This understanding has contributed significantly towards many discriminative attitudes towards persons with disability. This research therefore focuses on any influence on stigmatization and exclusion of persons with disability from theological education in Ghana. Furthermore, in a group interview with parents of persons with disability, she reported that many parents said having a child with disability is burdensome. Not all of them educate their children as they do not find it necessary. Another worry for them is that they must always stay home to take care of the person with the disability if their situation is severe. Unlike their other siblings who do not have a disability, and who often become independent at adulthood, many persons with disability even in adulthood still depend on their family. Families with persons with a disability also face discrimination and exclusion from society because of the common traditional belief which tags them as cursed. For this reason, many families prefer to hide the relative



who has a disability to avoid stigmatization and protect them from negative attitudes from outsiders (Slikker, 2009:14-51). Baffoe (2013:194-195) also reports similar responses from parents of persons with disability in his article titled: 'Stigma, Discrimination & Marginalization: Gateways to Oppression of persons with Disabilities in Ghana'. However, Takyi (2013:58-63) also recorded in his master's thesis that family attitudes towards persons with disability are not satisfying. Thus, the family situation of persons with disability in Ghana connotes exclusion from the society. How this affects the theological aspects of their lives is explored later in the data analysis (chapters four and five).

On the 26<sup>th</sup> of June 2014, Joy News, a Ghanaian television station, interviewed a woman from Northern Ghana who was maltreated by her family because she refused to kill her child who was born with a disability. The family wanted the child killed because they believed she was possessed by evil spirits. In this community, children with disability are considered as spirit children. Although education is on-going regarding the cause of disability and the need to stop certain cultural practices against persons with disability, there are still some families who strongly adhere to such a belief system, and in extreme cases, resort to murdering the person with disability. This highlights Goffman's (1963:1-2) theory on stigma where persons with disability are categorized into a degraded social identity and even denied the right to live, which is their fundamental human rights as a citizen of Ghana. In the same way, Swinton's (2001:43) concept of categorization is relevant here.

In the Ghana National Association of the Deaf's (GNAD) newsletter for November 2013, it was reported in the editorial that many parents/guardians of Deaf children usually neglect them and discriminate against them, favoring their hearing siblings. Deaf children do not have equal opportunities to education and parental care, etc., as their hearing siblings do. Most parents/guardians of Deaf children abandon them at schools for the Deaf, complaining about difficulties in communication. It is recommended that parents and families of Deaf persons must take a keen interest in supporting their Deaf relatives.

Even though very few persons with disability have achieved higher education and social status, they are commonly exempt from family meetings and important decision-making processes. In addition, they are often regarded as not having much to contribute either financially or physically, etc. According to Slikker (2009:50), family members do not allow persons with disability to do house chores even if they want to. This hinders their right to freedom of expression. These and many other gestures from families of persons with disability shows discrimination. This is further investigated in this research as it pertains to the accessibility to Christian communities.

## 2.6. Disability and religion in Ghana

This research focuses on the interaction between the social and theological aspects of disability in the Ghanaian context. It is therefore relevant to consider the religious situation of disability in Ghana. A general overview here will be helpful to identify the spiritual aspects of disability, which may in turn reflect on equal accessibility to theological education for persons with disability in Ghana.

Religion in Ghana can be categorized as follows: Christian 71.2% (Pentecostal/Charismatic 28.3%, Protestant 18.4%, Catholic 13.1%, other 11.4%), Muslim 17.6%, Traditional 5.2%, and other 0.8%, none 5.2%. These figures are according to the 2010 census. There are some obvious observable attitudes towards persons with disability from different religions.

As will be discussed in chapter 3, many Christians in Ghana link disability to sin/curses and demonic activities which requires supernatural healing through faith and prayer. The response to persons with disability by many faith and miracle preachers<sup>28</sup> are that they should trust God for their healing. In recent times, it is a common trend to advertise healing crusades for persons with disability on the airwaves. In cases where they are not healed after prayers for healing, they are regarded as not having enough faith. According to Onyinah (2006:121-123), it seems that many Ghanaian Christians have ruled out the different possible causes of disease and disability apart from witchcraft and demonic influences. This sheds light on discrimination and their lack of participation in religious life. This is one of the major themes of this research and is engaged further in the literature review and data analysis.

Traditional religious beliefs are entrenched in the cultures of Ghana. As reported by Slikker (2009:14) and Avoke (2002:771), many Ghanaians attribute disability to sin/curses and punishment from the gods and ancestors. Traditional religious reactions towards persons with disability are that of total exclusion whereby individuals in some cases are even murdered.

Persons with disability who are beggars are quite visible around many mosques in Ghana. There are five pillars of Islam which every Muslim is required to observe. The third pillar of Islam is “‘Zakat’ (paying an alms or charity) tax to benefit the poor and the needy”. This requires that alms must be given to poor and needy people to incur blessings.<sup>29</sup> Persons with disability are categorized among the poor and marginalized in Ghana. Observable Islamic attitudes towards persons with disability are that of pity

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<sup>28</sup> I use faith and healing preachers to mean charismatic preachers.

<sup>29</sup> BBC\_ Religions [Online]. Viewed from: <http://www.bbc.co.uk/religion/religions/islam/practices/fivepillars.shtml>. [Date accessed: 20 March 2015].

and charity. This is also a sign of discrimination and exclusion as they are likely to remain beggars so wealthy people will have the opportunity to observe their religious obligations.

In general, religious beliefs and practices in Ghana depict the lack of participation and exclusion of persons with disability from social and religious life. Most significantly, the traditional belief system that constructs disability as a curse on a family due to an abomination by a person with disability, relative or ancestor does influence other social and religious aspects of the disability situation in Ghana. This is explored in later sections of this study.

## **2.7. Perceptions and attitudes of persons with disability in Ghana**

Different people have different perceptions about disability depending on their background, social status, level of education, and profession, etc. The focus is often on how other people rather than persons with disability themselves construct their situation. It is relevant to also consider perceptions and attitudes of persons with disability in Ghana as this helps to obtain an objective overview of the general perception of disability. The perceptions and attitudes of persons with disability is reflected in their participation and inclusiveness/exclusiveness in societal life.

Persons with disability are under the administration of the Ministry of Social Welfare. The Ministry has rehabilitation centres where persons with disability are trained in diverse skills, which are mainly vocational. These rehabilitation centres normally house different associations and unions for persons with disability; there are unions and associations for almost every disability group in Ghana. They normally live in an isolated community as these institutions are exclusive. Empirical and unempirical evidence shows that persons with disability in Ghana believe that they have been categorized and marginalized because of their disability. Slikker (2009:15) and Baffoe (2013:189) report that in Ghana persons with disability acknowledge several barriers (structures and attitudes) exacerbating their disability.

Even though marginalization and discrimination from able-bodied towards persons with disability is prevalent, some persons with disability also have negative attitudes towards other persons with disability. Persons with disability who are beggars and dependent often receive criticism from their fellow persons with disability who are doing better and have a higher status in society. Experiences such as these cause persons with disability to view themselves in a negative light, and also accounts for self-devaluation and disqualification Slikker (2009:x-xi) attests that if persons with disability do not feel good about who they are, they tend to withdraw from society.

Furthermore, in Ghana it is common knowledge that the various disability groups believe they face more severe discrimination than other disability groups. For instance, a blind person believes that a person with a physical disability is better off and able to fit in better with society because they can at least see. In contrast, people with a physical disability feel that a blind person is better off as they do not need ramps to access certain places. A Deaf person on the other hand feels that they are completely left out because of their lack of communication; they are often frustrated because their disability is not as obvious. These conflicts among disability groups are worrying, as stakeholders are faced with the difficulty of addressing these issues of accessibility (Slikker, 2009:53-54).

In Ghana, persons with disability are of the opinion that: if societal attitudes towards them change for the better, and if they are accepted and valued for who they are, as well as granted equal access to opportunities, rights and resources, in conjunction with the reduction of discriminatory behaviours, it will result in them being better integrated into society, and thereby, they will also be able to contribute their quota to the development of the country (Baffoe, 2013:195-196).

## **2.8. Conclusion**

Social attitudes and cultural belief systems interact with each other as well as with a number of other factors. Together these determine the disability situation in Ghana. Chapter two is a pre-reflection of the situation pertaining to disability in Ghana. This serves as a background to the study, which will be analysed in more detail in the data analysis so as to explore any influence the Ghanaian culture may have on stigmatization and accessibility to theological education for persons with disability.

In conclusion, it has been established that persons with disability in Ghana are a marginalized group. It is also clear that there are laws and policies that regulate the affairs of such individuals, particularly to ensure that they are granted equal access to rights, privileges and resources in society. However, it is evident that they still face discrimination and other negative attitudes from the wider society. Thus, disability has been linked to sin/curses as it is often regarded as a punishment from the gods or ancestors meted out to persons with a disability or to their family due to an abomination, this will be further explored in subsequent chapters. In addition, different religious beliefs and practices appear to discriminate against persons with disability.

In essence, in this country persons with disability are a marginalized group. Chapter two serves as an introduction to the ensuing discussion on stigmatization, accessibility and inclusion/exclusion of persons with disability from the society at large, and from theological education in particular as will be discussed in chapters that follow.

## CHAPTER THREE

### Theological conceptual framework of stigma and disability

#### 3.1. Introduction

As indicated in chapter one, preliminary information gathered from the empirical data shows that theological factors are likely to influence responses to stigma, disability, and equal accessibility to theological education. Chapter two presents the disability situation in Ghana. Chapter three, in turn, comprises a literary review of the theological and methodological concepts and propositions, which inform the analysis and interpretation of stigma and disability in the literature and empirical data. The first part of the chapter starts with a conceptualization of the social aspects of disability where a review is done on some descriptions and interpretations of disability, indicating its relationship to key concepts in other parts of the chapter. The concept of stigma by Goffman is discussed, since it has informed theological and practical perspectives of stigma at the individual, group and institutional level. Thereafter, an overview of some of the main theologies of disability is presented. This is followed by the framework of Swinton, which is taken as a point of departure since he deals theologically and practically with the theological issues and themes regarding disability, which forms the focus of this research.

The section that follows begins with a more extensive review of the issues and themes identified in the theological and religious literature. A brief review is done on the theological focus of the study, which is the all-inclusivity of the *missio Dei*. Kabue, Mombo, Galgo & Peter (2011) have compiled different articles into a book, mostly from Kenya and East Africa, on the various dimensions of disability written from a predominantly theological perspective. In their book, *Disability, Society and Theology: Voices from Africa*, contributors like Shiriko, Githugu, Longchar, Kabue, Mombo, as well as others, who are persons with disability or are somehow related to persons with disability, have shared their real life experiences about their exclusion from social and religious life. A partial review is done on the work of authors from elsewhere, as their articles too are considered to be relevant to this study, as they discuss issues like: access to church, theological education and social life, etc., in the East African context. Thus, shedding light on the accessibility of persons with disability in religious life as experienced in other parts of Africa. In addition, Claassens, Swartz & Hansen's (eds.) 2013 book, *Searching for Dignity: Conversations on Human Dignity, Theology and Disability* is also reviewed. The book compiles papers from a conference titled 'Theology, Disability and Human Dignity,' which was hosted by the Faculty of Theology at Stellenbosch University, in May 2011. Contributors like Koopman, Claassens, Reynolds, Möller and others are relevant to the theological discourse on the main themes of this study. Möller is useful in subsequent chapters, enhancing the data analysis.

A narrative approach to the literature review is employed to demonstrate some real life experiences of persons with disability as related to this study. This approach highlights key concepts in a more practical manner. This is particularly relevant here, as this research is done within the field of missiology with a focus on praxis. Hence, a practical approach is as relevant as the theoretical and thematic approach to the literature. The following sections conceptualize disability and stigmatization.

### **3.2. Conceptualization of the social aspects of disability**

Disability is a broad phenomenon with various dimensions, for instance, there is the medical, social, psychological, spiritual, theological, infrastructural, and feminist dimensions of disability, these are just to name a few. People interpret this concept differently depending on the approach they use and field they are immersed in. This research is mainly focused on the interaction between the social and theological aspects of disability within the Ghanaian context. This section tries to conceptualize the social aspects of disability concentrating on several descriptions/interpretations of disability and the stigmatization of such persons. Goffman's (1963) stigma-theory is employed as a framework in this study, but the views of other authors like Coleman (1997), amongst others, are also highlighted to support the argument that the stigmatization of persons with disability can lead to extreme exclusion from societal life.

#### **3.2.1. Disability**

The arguments that surround disability will remain as long as there are difficulties in defining what disability actually is (Mackelprang, 2010:88). It is construed and interpreted differently by various people, cultures, societies and organizations (Githuku, 2011:79). The way disability is interpreted also indicates the extent to which persons with disability are denied participation in social and religious life. Below are some of the various interpretations of this concept.

##### ***3.2.1.1. The World Health Organization's description of disability***

Over the years, both internationally and locally, there has been an on-going debate on the appropriate term to use to address persons with disability. There are various opinions concerning which designation to use when referring to persons with different forms of disability. The difficulty has been to resolve whether persons with disability are handicapped, disabled or impaired. These debates stem from the various interpretations and meanings given to disability. Persons with disability have usually suffered one form of discrimination or another; society's attitude toward them is reflected in the way they are addressed. The terms used to address persons with disability are vital to address the church's inclusive/exclusive attitude towards them. Defining disability is a difficult task, as is evident in the

many disagreements on the appropriateness of terms such as disability, handicap and impairment. Although these terms have different meanings, they are, however, used ‘interchangeably’ by many (Carter, 2013). It is still necessary to understand the various interpretations of these terms to obtain some clarity amidst the confusion.

These controversial terms are interpreted by WHO (1980) in The International Classification of Impairments, Disabilities and Handicaps, as follows:

**Impairment:** any loss or abnormality of psychological, physiological or anatomical structure or function.

**Disability:** any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

**Handicap:** a disadvantage for a given individual that limits or prevents the fulfilment of a role that is normal.

As traditionally used, “impairment” refers to a problem with a structure or organ of the body; “disability” is a functional limitation with regard to a particular activity; and “handicap” refers to a disadvantage in filling a role in life relative to a peer group. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers (WHO, 2013). Disability is a broader term that encompasses impairment and handicap, amongst others. These interpretations reflect the medical model of disability, which is discussed below.

### ***3.2.1.2. Social interpretations of disability***

It is important to obtain some insight on the way disability is interpreted by various people, as this will help in conversations on accessibility and inclusion/exclusion. The way people perceive disability influences the exclusion/inclusion of persons with disability from social and religious life.

Mackelprang (2010:88) approaches disability from the social work dimension. He believes that the on-going controversies surrounding disability is an effect of the difficulty in defining disability. He considers the various models of disability, identifying the following three: moral model, medical model and social model. The moral model associates disability with sin and affliction, particularly within religious settings. The expectation here is: able-bodied must serve and care for persons with disability by means of charity. Attitudes toward persons with disability in this model are that of extreme exclusion. This model is depicted by the way disability is culturally constructed as a curse/punishment in the Ghanaian traditional belief system and culture. The scientific medical model renders disability as a



‘deficiency’ and a medical condition. The medical model refutes the claims of the moral model but also makes persons with disability dependent on society and charity. Thirdly, the social model sees the problem of persons with disability from another dimension, societal attitudes of discrimination and devaluation, etc. One problem identified by Mackelprang is that social workers focus on persons with disability and their situation; therefore, they are expected to offer care to persons with disability because they are vulnerable. In addition, he doubts if persons with disability are well received in society. He concludes that social workers must begin to focus on society and disability rights; the extent to which they embrace these rights will determine how policy and practice will be enhanced leading to the inclusion of persons with disability in society.

It is general knowledge in this field that the medical model of disability mainly focuses on the individual and the disability. Disability is a disease that needs to be cured or a medical/health condition that needs medical intervention. The response is to help persons with disability to adapt to society by providing aids like wheelchairs, braces, hearing aids, Braille, and medication, etc. With regards to the medical model of disability, medical experts see the reassessment of medical policies and the development of new methods of intervention as the solution (Disabled World, 2013). The originators of the social model of disability, who are mostly persons with disability, react negatively and vehemently to the medical model of disability. They reject this model because it makes the person with disability the problem, while ignoring social constructions, attitudes and policies that have contributed to their disablement. Persons with disability do not accept the way medical professionals and social workers, etc., interpret disability; instead they reacted by propounding their own definition. The social model of disability states that disability is created by the way society is structured. Persons with disability are the main originators of the social model of disability. However, even though they do not reject their disability, they explain that what has actually disabled them are structures in society and not their actual disability, i.e., policies, inaccessible infrastructure, attitudes of discrimination, stereotyping and stigma, to name a few. This dissertation places an emphasis on the role of stigma.

This is how persons with disability define disability, as stated in the UPIAS document entitled, ‘The Fundamental Principles of Disability,’ an edited version that was reprinted in Oliver (1990):

In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. To understand this, it is necessary to grasp the distinction between the physical impairment and the social situation, called ‘disability’, of people with such impairment. Thus we define impairment as lacking all or part of a limb, or having a defective limb, organism or mechanism of the body and disability as the disadvantage or restriction of activity caused by a contemporary social organization which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities (Oliver, 1990:22).



Thus, it involves the exclusion of an individual and/or group by a social institution or organization based on a physical disability. Pointing to the various structures in society, persons with disability believe that their main problem is not their disability but societal factors that exclude and alienate them. In other words, regardless of their disability, which persons with disability acknowledge, they are of the opinion that social prejudice, cultural and religious beliefs, segregation and inaccessibility have resulted in their lack of employment, inaccessibility to facilities, shelter, homes, as well as fear, stigma, and lack of a social network, amongst others. This is what persons with disability would rather term as disability, since if society is open to include and integrate them, it will be clear that they are equally able and capable of participating, albeit in a different way. The definition they ascribe to, compared to other definitions including that used by WHO, means inaccessibility to structures in society. The way persons with disability interpret disability in the social model of disability shows how external factors such as attitudes of stigmatization, stereotypes, discrimination, policies, structures, etc., influence the extreme exclusion of persons with disability, which is also relevant when addressing issues of equity and access to theological education in Ghana. On the other hand, how would life without medical practitioners and caregivers be? Even though persons with disability are correct in terms of the social model of disability, barriers in society are actually their main disability, it also appears as if there is a total lack of gratitude for medical professionals and caregivers. Indeed, the medical model of disability hones in on the disability but it is precisely this focus that led to much research being done bringing about many positive interventions as well as care and medication for persons with disability. It would be fair for the social model of disability to acknowledge the strengths of the medical model of disability, but instead, its barriers are the main focus. According to Reynolds (2008:26), the social model of disability should supplement the medical model of disability, and not replace it.

Deborah Creamer (2012:340-341), a renowned disability theologian on this subject, identifies four models of disability. The first three are the same as those listed by Mackelprang (2010:88) — the moral, social and medical model. However, Creamer adds a fourth model, which is the “limits model of disability”. This model questions perceptions regarding normalcy and disability, in that everyone experiences impairment at some point in their life, for instance, due to the aging process. It encourages persons with disability not to be seen as the ‘other,’ because limits are normal. The limits model emphasises the positive aspects of disability, instead of the negative aspects. Unlike the social model of disability that criticizes society, the limits model advocates embodiment.

Reynolds (2013:17) describes disability as an epitome of exclusion where cultural, social and religious systems interact with each other by influencing the way disability is described and perceived. In his book, *Vulnerable Communion: a Theology of Disability and Hospitality* (2008), he defines disability as follows:

Even as they reference bodily conditions, criteria for measuring human ability are factors of communal assumptions. Disability then, is a physiologically rooted social performance. With this in mind, a more holistic definition might read as follows: disability is a term naming that interstice where (1) restrictions due to an involuntary bodily impairment, (2) social role expectations, and (3) external physical obstructions come in a way that (4) preempts an intended participation in communal life. The stress is indeed on the social but not in a way that neglects the body (Reynolds, 2008:27).

Thus, disability encompasses both the medical and social model, with an emphasis placed on the social model. Society normally views persons with disability as being limited in some way, and as abnormal.<sup>30</sup> It is in this light that the current study draws on the theories of Goffman, Swinton, and others, approaching disability from perspectives that focus on stigmatization and exclusion from the Ghanaian society and Christian communities, reviewing the implications of such on accessibility to theological education in Ghana.

Shiriko (2011:171-172) also talks of the Christian religious and African cultural dimensions of disability, where disability is attributed to a spiritual influence, meaning many Africans Christians believe that disability is the result of a generational curse, sin, witchcraft, etc. Disability is also linked to a lack of faith. In most cases, there is pressure from many Christian leaders for persons with disability to trust God for their healing because “God owes them healing,” usually making reference to God as the healer and to miraculous encounters in the Bible (Kabue, 2011:14-16). This reflects the dimension of the moral model to disability that Mackelprang (2010:88) mentions.

### 3.2.2. Disability and ‘*Ubuntu*’

In Southern Africa, the concept of ‘*Ubuntu*’ has been considered in conversations regarding disability. Based on his research ‘What is ‘*Ubuntu*’?’ Gade (2013:494) explains ‘*Ubuntu*’ to be a Southern African concept that is deeply rooted in their culture, which calls for unity and togetherness. He also links it to the apartheid era, and provides a twofold definition of ‘*Ubuntu*’ as follows:

‘*Ubuntu*’ is defined as a moral quality of a person. The moral quality of a person is, logically speaking, something only a person can possess, so if you are not a person, then you are not a possible subject of this moral quality.

‘*Ubuntu*’ is defined as a phenomenon (for instance a philosophy, an ethic, African humanism, or a worldview) according to which persons are interconnected. If you are not a person, then you are not part of the interconnectedness between persons (Gade, 2013:494).

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<sup>30</sup> Reynolds (2013:17) states “Disability unsettles easy assurances. It exemplifies how people can be represented in terms that exclude. Disability often signifies the way that some people are recognized as lacking something basic to what is understood as human, being abnormal, a body done wrong. The implications of such “recognitions”- which is more adequately a ‘mis-recognition’ –extend far beyond disability, and in fact touch on the cultural, social and religious systems by which human beings gain orientation in the world and traffic with each other”.

Mji, Gcaza & Swartz (2011:366) introduce the concept of “‘*Ubuntu*’ (humanness) as an organizing principle to guide respectful engagement amongst” persons with disability. The concept means that personhood is not determined by ‘personal qualities’ but rather by communities and social interconnectedness. They identify the complex nature of doing disability research owing to the exclusion of persons with disability in the African context. They conclude that ‘*Ubuntu*’ is an essential concept in the conversation on disability within the African context. Although ‘*Ubuntu*’ is mainly a Southern African philosophy, the concept connotes the general African value of belongingness. This study is not focused on ‘*Ubuntu*,’ nevertheless the concept is reflected in the study as the focus on stigmatization and inclusion/exclusion of persons with disability in the Ghanaian society shows whether the African value of togetherness/belongingness is reflected in attitudes towards persons with disability. In section 2.5.1, it is indicated that the Ghanaian culture is an epitome of unity and hospitality; this study therefore explores this reality as it pertains to the accessibility of persons with disability. Indeed, ‘*Ubuntu*’ is an African philosophy of humanism meaning “a person is a person through their relationship to others” (Swanson, 2007:55). It must be noted that some disability theologians have used the philosophy of ‘*Ubuntu*’ to explain how Christian communities must respect the personhood of persons with disability by the way they dwell together and are hospitable towards them (Greig, 2014a; Greig 2014b; Hankela, 2014).

### **3.2.3. Conceptualizing stigma and disability**

In terms of the social model of disability, when interpreting disability; persons with disability indicate that there are external factors that actually disable them, for instance, stigma is one of the societal attitudes that lead to them being socially excluded. Stigma is an aspect of the social model of disability, so the conceptualization of stigma and disability also reflects on how persons with disability interpret disability and the factors that lead to their exclusion from religious and social life. This section tries to illustrate the relationship between stigma and disability, as well as how Goffman and others interpret stigma and its effect on their exclusion from social life. Goffman (1963) interprets stigma as society enforcing a degraded social identity on people due to social classifications of what is normal or abnormal; stigmatized people are therefore excluded from normal social life. Goffman links stigma to disability, strengthening the choice of this concept as a framework for this study. This enhances the conceptualization of stigma and disability as it relates to equity as well as access to theological education. His concept of social identity also complements Swinton’s (2001:43) concept of categorization where persons with disability are forced to belong to a negative identity that is constructed by society. This is relevant because it sheds light on how a degraded social identity and categorization can lead to the exclusion of persons with disability from social and religious life, which is likely to influence equity and access to theological education. Hence, there is an interaction between social and theological factors that affects equity and access to theological education in Ghana.

### 3.2.3.1. Goffman: stigma-theory

Goffman's theory on stigma (social degradation and social identity) helps in describing and conceptualizing stigma and disability, showing the relationship between the two and how this reflects on the social exclusion of persons with disability. The stigmatization of persons with disability is used as a framework to explore accessibility to theological education for persons with disability in Ghana. In chapter one (section 1.11.2.), the stigma-theory has been presented as a conceptual framework, highlighting the main points of the theory, as well as its relevance to the study and some critiques of the theory. This section seeks to conceptualize stigma and disability in the context of this study, therefore, repetition of some points raised in section 1.11.2 are relevant here to highlight stigma as a conceptual framework and to conceptualize stigma and disability. In the data analysis, CMO is engaged to evaluate the influence of stigmatization on persons with disability, which is embedded in the Ghanaian culture and traditional belief system, and establish their access to Christianity and theological education.

Goffman (1963) is one of the early leading writers on the subject of stigma. His work *Stigma: Notes on the Management of the Spoiled Identity*, has been reviewed by many authors who have attempted to define the term stigma. This dissertation does not serve as another of the many already existing reviews, but rather makes use of his stigma-theory as a framework for this study. His theory is deemed fit for this study because Goffman himself links stigma to disability and this well explains the type of social exclusion persons with disability face, as indicated in chapter one.

Stigma can be traced back to the Greeks, a mark in the form of a cut or burn was placed on the body of a person as a sign of unacceptable status in society. This could mean that either that person was a slave, criminal or a traitor; such people were excluded from public life. Different interpretations have evolved over the years, at various points in time; stigma came to mean "bodily signs of physical disorder" (Goffman, 1963:1). He states that though stigma still bears the original meaning (a mark on the body of a person as a sign of unacceptable status in society), emphasis is now placed on the shame it brings rather than the mark or "evidence" itself. He goes on to explain that it is society that comes up with standards and characteristics that are normal; hence, if a person looks different, then s/he is labelled as abnormal and is placed in a certain category of "social identity" (Goffman, 1963:3). Avoke (2002:771), Baffoe (2013:189) and Slikker (2009:14) all establish that disability is perceived in the Ghanaian culture as a curse from the gods due to an abomination committed by a person with disability, or a relative, or ancestor. Disability as a curse is a negative tag that is placed on a person with a disability, meaning they are categorized into a degraded social identity in the Ghanaian society. Also, sociological-anthropological inculturation engages in a dialogue between culture and Christianity focusing on symbols, meanings, worldview, social status and situations (Ukpong, 1999:108). This study creates a dialogue between the culture/traditional belief system and Christianity in the Ghanaian context

regarding disability. The construction of disability as a curse is symbolic in the Ghanaian culture as it connotes outcasts and a degradation of status as Goffman puts it. I seek to further explore the stigmatization of persons with disability and the implication thereof on exclusion from theological education in the Ghanaian context.

Goffman (1963:1) is of the opinion that sometimes the (normal) able-bodied<sup>31</sup> person is unaware of his/her attitude and only becomes cognizant of such when confronted with the real issues regarding the stigmatized. Then s/he realizes that his/her classification has been based on assumptions and not reality. Society imputes “social identity” on certain groups of people. Once it is conceived in the “mind” that a person is “bad” or abnormal, his/her personality is degraded and “discredited,” this is what he calls stigma. Not all bad attributes are seen as stigma but only those that are defined by a particular society as such, stigma is therefore socially constructed. Societies form their own categorization and classification, and thereby impute a “virtual social identity” on people instead of their “actual social identity”. The standards and categories society sets becomes the norm. It is therefore easy to put a complete stranger into a particular social identity at first sight, indicating how strong stigmatization influences the judgments and constructions of a particular society/community. The able-bodied see stigmatized people as not quite human, so they call them by derogatory names without giving it a second thought and without feeling condemned for doing so, since it is accepted as the social norm (Goffman 1963:3). Reynolds (2008:63) also calls this the ‘cult of normalcy’. When stigmatized people react by showing confidence and mastery, this too does not work in their favour, as they are then viewed as being too aggressive, deepening their degradation and discrimination. These concepts are helpful to explore the stigmatization and exclusion of persons with disability from theological education in Ghana.

However, to Goffman, people of the same social identity often have the same values, standards and opinions, which are different from those of another social identity. Although stigmatized people may see themselves as “fully-fledged normal human beings” and the able-bodied as “not quite human”. But due to their negative experiences, they are likely to accept social perceptions about themselves, which can lead to shame and self-hatred (Goffman, 1963:3, 4). Acceptance has a large role to play in stigmatization. Thus, if people are not accepted and valued for whom they really are, they tend to internalize and believe these perceptions and also begin to accept the attitude that they deserve whatever comes their way. Stigmatization can be corrected through character change, or in some instances, through plastic surgery like in the case of a disability. Others may do extraordinary things like a sport for disabled people; however, some do accept stigmatization as a blessing in disguise where they learn through suffering (Goffman, 1963:3-6). These concepts are also relevant when investigating the

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<sup>31</sup> Goffman refers to non- stigmatized people as ‘normals’ but as indicated in chapter one, I prefer to use able-bodied instead of normal.

accessibility of persons with a disability in theological education in the sense that this will depict the level of acceptance and inclusion/exclusion from society at large, and theological education. These concepts and theories of Goffman are engaged later in the data analysis (chapters four and five).

To Goffman, people in different social identity groups feel comfortable with each other but the biggest issue is when there is ‘mixed contact,’ where able-bodied and stigmatized people meet.

The moments when stigmatized and [able-bodied] are in the same ‘social situation’, that is, in one another's immediate physical presence, whether in a conversation-like encounter or in the mere co-presence of an unfocused gathering.” The very anticipation of such contacts can of course the [able-bodied] and the stigmatized to arrange life so as to avoid them. Presumably this will have larger consequences for the stigmatized, since more arranging will usually be necessary on their part (Goffman, 1963:7).

The mixed contact that Goffman refers to is when persons with disability find themselves in the Ghanaian society at large, and the Ghanaian Christian context, which includes churches and theological institutions. The question is: “What happens in such situations?” To quote Goffman (1963:4) more directly: “How does the stigmatized person respond to his situation?” This question lies at the heart of this research. The focus of this study is not only on how persons with disability respond to stigmatization, but also, how Ghanaian churches and theological institutions respond to this situation. Christian attitudes towards persons with disability become relevant in the conversation on accessibility for persons with disability in theological education in Ghana.

Goffman himself links stigma to disability as he draws from the experiences of persons with disability to make his case. He cites examples such as: a person with physical disability may want to overcome his/her stigma by doing things like swimming, riding or piloting a plane, etc., which may be seen as extraordinary for people of his social identity. He also quotes a blind person from Goffman’s (1957), *The War Blind in American Social Structure*:

For some, there may be a hesitancy about touching or steering the blind, while for others, the perceived failure to see may be generalized into a gestalt of disability, so that the individual shouts at the blind as if they were Deaf or attempts to lift them as if they were crippled. Those confronting the blind may have a whole range of belief that is anchored in the stereotype. For instance, they think they are subject to unique judgment, assuming the blinded individual draws on special channels of information unavailable to others (Goffman, 1963:3).

The above quote is one of the many illustrations he uses to address the issue of stigma, indicating the link between stigma and disability. In short, persons with disability are stigmatized in their various communities. Even though I agree with Goffman’s theory of stigma, I find his understanding of the term (as indicated earlier) and some of his illustrations regarding persons with disability problematic. Swimming, riding and piloting are normal activities for any human being so why does he consider it to

be extraordinary for persons with disability? This view reflects the common perception that persons with disability are not capable of participating in normal activities in society. This perception, which is normally reflected in attitudes of exclusion, hinders the full participation of persons with disability in society. Nevertheless, Goffman's stigma-theory helps demonstrate that persons with disability are categorized into a degraded social identity that is constructed by the society. In other words, persons with disability experience stigmatization, which also reflects discrimination and exclusion from society. These social factors are used to further explore theological factors that act as mechanisms for accessibility to theological education in the Ghanaian context.

According to Goffman (1963:2), there are three forms of stigma:

- 1) "The abominations of the body": "physical deformities" but "physical disability" is preferred.
- 2) "Blemishes of character": "alcoholism", "homosexuality", "imprisonment", "suicidal attempt", "unnatural passions" and "addiction," etc.
- 3) "Tribal stigma": "stigma of race, nation or religion." This kind is of stigmatization is normally generational.

Even though there are various kinds of stigma, this research is focused on the first one, which is physical disability. The term 'disability' is preferred to 'deformities' because it is acceptable in disability culture, whereas deformity is considered harsh and unacceptable. In other words, persons with disability are stigmatized because of their disability; they are marginalized and excluded because they are not seen by many people as 'normal'. They are mostly seen as incapable of performing various tasks that able-bodied people will perform 'normally'. Still referring to Goffman (1963:1), it is society that determines what is normal and abnormal; hence, imputing a social identity that is discrediting on a particular group of people, i.e. persons with disability. Goffman is relevant in the data analysis as his insights assist in investigating and realistically evaluating the accessibility to theological education for persons with disabilities in Ghana.

### **3.2.3.2. Other views of stigma**

Aside from Goffman, other authors also identify different dimensions of stigma. For instance, Weiss et al. (2006:279) attest that stigma is a "social disqualification" and that "the prevailing view may refer either to an enacted, perceived or anticipated social judgement". Stigma is culturally based, that is, what is regarded as being a stigma in one place may not be as such in another. This reinforces the use of the Ghanaian culture as a lens to explore the accessibility to theological education. Although to some extent these scholars agree with Goffman, like Ewing (2002:73, 81) and myself, we also dislike his terminology, but nonetheless, remain unanimous regarding his relevance for this discourse on stigma.



Weiss et al. (2006:280) argue that Goffman's submission is too sociological so they look at stigma from a health and psychological perspective. They conclude that stigma has an effect on the health of the stigmatized. Not necessarily opposing their views on stigma, they do not seem to differ much from what Goffman says but rather strengthen his concept. Coming from a health/psychological background, it is normal that they will interpret stigma from that dimension. However, it must be noted that it is difficult to separate the socio-cultural life of persons with disability from their health and psychological life. The way society treats them will influence their psychological health, which can possibly lead to other health conditions like depression, amongst others. Well, the good thing is that they do not completely disagree with Goffman but also agree that stigma is a social judgment, which is socially and culturally enacted. To Goffman, stigma is a social degradation but Weiss et al. (2006) take the notion of stigma a bit further, stating it is a 'social disqualification'. When persons with disability are degraded in identity, then they are also disqualified from total inclusion. In other words, lack of participation in society due to social disqualification can also lead to discrimination and the exclusion of persons with disability from society.

Coleman (1997:226) states, "Stigma represents a kind of death—social death". Stigmatized people are excluded from social life and it seems as if they are "invisible, nonexistent, or dead". To Goffman (1963:1, 2), stigma is a "discredited" personality; to Weiss et al. (2006:279) stigma is a "social disqualification," but Coleman (1997:226) assigns an even stronger association, likening it to death. If a person is degraded or disqualified, there may still be some sort of hope, but if s/he is dead, then all hope is lost. This means that once a person is seen as socially dead, society virtually abandons and forgets about them. A dead person is unproductive, why would s/he receive any form of attention? Coleman's assertion is rather strong but what he says seems relevant, as his submission is indicative of the fact that the stigmatization of persons with disability can lead to extreme exclusion to the extent that it even projects their non-existence.

According to McCordic (2012:70), stigma leads to "discrimination". He continues to argue that if stigma is a separation from social life due to a negative attribute of a particular person, then any person is at risk of being stigmatized. He points out that many researchers have concentrated on the stigmatized rather than on culture and the social structure. Cultures and social settings play a major role in stigmatization, which in the long run leads to "discrimination". This is in line with how persons with disability themselves interpret the social model of disability and the stigma that is associated with disability. This also strengthens the use of the social construction of disability in the Ghanaian culture and traditional belief system to explore the accessibility of persons with disability in theological education. McCordic (2012:70) acknowledges that society is responsible for defining stigma and that "socio-cultural" attitudes have resulted in the discrimination of the stigmatized. In other words, in terms of this research, his argument means that persons with disability are stigmatized, resulting in them being discriminated against. Socio-cultural standards in society have a significant role to play in this



discrimination, and that stigmatization of persons with disability is a social construct (which too is explored in other sections of this research). This also reflects how missiology sees contextualization as integral to achieve some understanding of a phenomenon; hence, the focus on the Ghanaian culture is appropriate for this research.

In essence, most writers on stigma usually refer to Goffman's stigma-theory. It is scarce to find a completely different interpretation that does not capture stigma as a negative social identity that society places on an individual or a group of people. This study employs Goffman's theory because it adequately explains the situation of persons with disability in Ghana. It also enhances the conceptualization of stigma and disability from a social perspective and interrelates the social aspects with theological aspects concentrating on the implications on the accessibility to theological education in Ghana.

### **3.3. Theological discourse on disability**

The theological focus of this research is on the inclusivity of the *missio Dei*, taking into account missiological concepts on contextualization to investigate the response to resources in the Ghanaian cultural and Christian context that influence accessibility for persons with disability in theological education. Although this study is focused on disability and its link to stigma, sin/curse and healing/faith, it is important to consider other theological discourses on disability as this helps paint a broader picture of the diverse disability theologies that exist. This section takes into account some of the diverse theological discourses on disability, as identified by various disability theologians. Disability has been interpreted from the perspective of human dignity, vulnerability, embodiment, normalcy, suffering, the *imago Dei*, a disabled God, sin/curse, faith/healing, ableism, ethics/care and hospitality, to name a few. According to McNair & Sanchez (2008:36), Christianity has affected the construction of disability both positively and negatively due to the way people have interpreted the Bible. In a positive sense, many Christians agree that persons with disability are created in the image of God, and more negatively, disability has been attributed to sin, and in other cases, persons with disability require faith to be healed. Also, in some instances, they are seen as a gift from God. Eva Kittay (2015),<sup>32</sup> an internationally known philosopher who is well researched in disability and the ethics of care, said in her closing remarks at a disability conference at Stellenbosch University that her daughter who has a profound disability is such a wonderful gift and has enabled her to experience the richness of other aspects of life. This reflects the latter point of McNair & Sanchez; they argue that the Christian social construction of disability is based

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<sup>32</sup> Kittay, E. 2015. Closing Conference remarks at Stellenbosch University on 22 May 2015.

on the way different people interpret the Scriptures and disability. Many disability theologians have reacted to traditional theology and Christian social constructions of disability by developing various disability theologies. Thus, some of the theological interpretations of disability are noteworthy, as these influence attitudes towards persons with disability, access to church life, as well as their response to traditional theology and constructions of disability.

### **3.3.1. Disability and embodiment**

Many disability theologians have criticized traditional theology for excluding persons with disability in their theological reflections. In this regard, the accounts of how persons with disability experience God in their bodies are neglected. With much bias, theology has only focused on creation, the holy nature of God, sin, evil, healing, etc., without considering the diverse ways in which persons with disability experience the world and God. This has led to various liberation theologies of disability, including the famous embodiment theology. According to Creamer (2003:62-63), even though some churches are trying to be inclusive, persons with disability are excluded from conversations concerning them. It is other people that make decisions on their behalf; thus, it is important to hear the voices of persons with disability in developing theology. Therefore, it is essential that this study include participants who have a disability.

Embodiment theology approaches theology from a disability dimension, which focuses on the importance and role the body has to play in experiencing God and the world. Embodiment theology recognizes and acknowledges that there are different kinds of bodies; people experience God and the world differently in their bodies. Traditional theology has failed to consider the human body in their theological reflections. In other words, persons with disability experience the world and God in “a particular and unique way”. Their experiences are necessary in developing theology so that they are also part of the whole body of Christ, and not isolated and excluded. In essence, embodiment theology takes into account the human body; how individuals, especially persons with disability, uniquely experience God and the world. Many religions experience God through their bodies and Christianity is no exception. The body is of great importance in Christianity, for instance, in the incarnation of Jesus Christ which is “the Word becoming flesh,” and Jesus Christ becoming a human being, and in the Eucharist where Jesus says “this is my body and my blood,” and Jesus as the head of the body of Christ— these all show how important the body is in Christianity. Therefore, the bodies of persons with disability and their experiences of God and the world must also play an important role in theological reflection, as this will enhance the inclusion of persons with disability as part of the whole body of Christ who also experience God uniquely in their bodies (Creamer, 2003:58-66). This indicates that even in theology persons with disability have been excluded and discriminated against, as their

experience of God has been neglected in developing theology. In particular, aspects that theologically interpret disability in terms of sin/curse and healing are relevant to this study.

### 3.3.2. The Disabled God

The late Nancy Eiesland (2005:584), a disability theologian who is well known for her ‘Disabled God’ theology, states in her book that the church has reinforced societal attitudes and stereotypes of persons with disability, so that those that are somehow accessible look down on persons with disability as objects of pity. Eiesland shares her story of how she was not allowed to join the queue for communion but instead, the usher would make her wait until everyone was done and then they would bring hers to her seat. She viewed this experience as degrading and stigmatizing. In this regard, it seems that the few churches that are somehow accessible, are not really accessible because of their dehumanizing attitudes of pity towards persons with disability. Eiesland’s view also relates to the work of Goffman (1963:1-4) in the sense that it is abnormal for her to stand in the queue for communion as others without disability. She continues:

It is a ripe moment for the Christian church to reflect on its core values and traditions and to allow the emergence of a theology of disability, with liberating meaning and power for all of us. The first task in developing a liberating theology of disability is to identify and confront the key aspects of the church's disabling theology, beginning with its biblical roots (Eiesland, 2005:584).

Eiesland refers to the “holiness code” which others call the ‘purity code’ in Leviticus 17-26 as problematic, as it depicts persons with disability as impure and a “distortion of image,” and hence, must be excluded. Persons with disability were exempt from certain priesthood duties (Eiesland, 2005:584). She argues that many churches still hold to this, and therefore, exclude persons with disability from the priesthood. Disability has also been linked to sin, and in other cases, viewed as a gift of suffering which will incur some blessings in heaven, so therefore, many persons with disability are subjected to suffering and to accepting all kinds of barriers—which is considered as obedience to God. Many churches see persons with disability as recipients of charity and so relate to them in this regard. To Eiesland, what is most relevant is to develop a theology of disability from persons with disability themselves, which is liberating and integrative. She says in her book, *The Disabled God, Towards a Liberatory Theology of Disability* (1994) that there must be two sides to disability accessible theology; whereas the churches have access to the “social-symbolic life” of persons with disability, and they in turn must gain access to the social-symbolic life of the church (Eiesland, 1994:20). Some of the themes she raises are in line with the focus of this research, exploring the inclusion/exclusion of persons with disability from theological education and accessibility to pastoral ministry in Ghana.

More importantly, based on the dual view of accessible theology, Eiesland’s theology of the Disabled God states that Jesus Christ was broken on the cross after the resurrection, and then again in the

Eucharist. She argues: “The symbol of Jesus Christ, the disabled God, is both gift and enigma, enabling a two-way access to His body” (Eiesland, 1994:23). Jesus Christ after the resurrection still bore the marks of his pierced body and even asked the disciples to touch those marks as evidence that he is the risen Christ. The marks are a sign of impairment; that is, the body of Christ even after the resurrection is impaired, which she calls the “Disabled God”. In essence, the ‘Disabled God’ does not only connote a God of power but also one that understands suffering and pain.

Swinton (2011:284), on the other hand, finds many disability theologies problematic, including the disabled God theology. His main problem is with how disability theologians try to define the *imago Dei* because God has not revealed what His actual image is except what is known through Jesus Christ as a revelation of God. He does not subscribe to the disability of God as proposed by Eiesland, God is a God of love towards all, and there is a danger of developing a theology only for persons with disability. This causes confusion in theology and can lead to exclusion; thus, doing more harm than good. Even though Swinton raises valid concerns, I am of the opinion that different people construct and interpret God in various ways depending on how they experience God. As Creamer (2012:58-66) puts it, persons with disability experience God in a unique way, so if the ‘disability of God’ is the metaphor that works well for Eiesland (1994:20) to interpret God in a way that is liberating for persons with disability, then she must be allowed to do so.

### **3.3.3. A feminist theology of disability**

Feminist theology sees women as being equally created in the image of God, so they must be treated with dignity and not as inferior persons (Johnson, 1992:71,12). Feminist interpreters are typically against church practices that dehumanize women. There are several categories of feminism, for instance, there are those interpreters who believe that the study of God should be ‘thealogy’ because ‘thea’ is feminine in contrast to theology—‘theo,’ being masculine. Many feminist interpreters advocate for the equal rights of women (McPhillips, 1998:9).

A feminist theology of disability advocates for the experiences of women with disability to be brought into perspective in theological reflection and practice. Disability feminist scholars draw on embodiment theology, as mentioned above, a feminist theory which demands that the body of women with disability be valued and honoured, and not marginalized, stigmatized, excluded or used for their vocational skills only (Freeman, 2002:72). According to Mia Lintvelt (2015:285-303), in her article titled, ‘Disability and Gender: Twofold Discrimination,’ women face a double disability, especially African women, due to the discrimination of women in general, and that of persons with disability in particular. She is of the opinion that men living with a disability in African communities have the chance to at least become beggars or herdsmen, but this is not so for females. Women with disability are often neglected and tagged as useless, which reflects Goffman’s (1963) stigma-theory. She shares a story of how a Deaf

woman never knew that she was barren due to a forced sterilization of which she was not told. The doctors claimed that they could not communicate with her after she experienced a miscarriage and was sterilized without her consent. Nevertheless, this woman for a very long time suffered in ignorance of the true reason for her inability to conceive a child. These are some of the experiences feminist disability theologians fight against. Thus, women with disability must be part of every conversation about their bodies; this is a strong conviction of the disability theology of embodiment.

This current study shares with feminist theology of disability a focus on the social exclusion women with disability face and the extent to which their experiences portray a double disability, as they also encounter the oppression and marginalization that women normally face.

### **3.3.4. Disability and human dignity**

Human dignity has been approached from diverse perspectives and contexts. The main idea is that all human beings should be treated and valued equally without any form of devaluation and discrimination. Theologically, human dignity is viewed biblically in the sense that human beings are all created in the image of God, so must be respected and treated as such (Mays, 2006:27). There is a constant fight against social and religious injustices among marginalized groups such as women and persons with disability.

Many disability scholars and theologians have also addressed disability issues regarding human dignity. Making reference to the *imago Dei*, persons with disability who are created in the image of God must be treated with dignity and respect and be given equal privileges, opportunities and resources in society and the church. Swinton (2001:25, 38) says that persons with disability must be valued for who they are. Juliana Claassens (2013:58) approaches disability from the perspective of Job's suffering and affirms that the experience of Job in the Bible reflects the kind of discrimination, stereotyping, labelling and exclusion, etc., which persons with disability experience from society and the church. She concludes that Job's restoration in the end depicts a restoration of dignity, and that regardless of whatever circumstances persons with disability face, the cause of their disability as well as social and theological constructions of disability should not really be an issue to focus on, but rather, their human dignity must be held in high esteem (Claassens, 2001:61). As Nico Koopman (2013:49) says: "This hope in action compels all of us to work for the realization of dignity and compassionate justice to all people, in a special way to people with disabilities. It also challenges us to work for the fulfilment of human dignity and human rights for all, including people with disabilities". The various theological conversations on disability shed more light on the main themes of this research such as stigmatization and social exclusion.

### 3.3.5. Disability and suffering

A common philosophical question that has been posed since time immemorial is: “Why does evil exist?” In another sense, “Why do people suffer?” To this question one could also perhaps respond by saying “sometimes, severely, and in most cases, without any fault of theirs”. Gottfried Leibniz’s philosophy<sup>33</sup> of theodicy tries to answer why a good God allows evil to exist. The issue of theodicy is an important theological concern, however, it is not the main focus of this thesis to answer questions such as: “Why are people born with disability and why do too many persons with disability suffer pain?” Many fields of study, especially the sciences, have tried to make sense of pain and suffering by providing a specific diagnosis for the pain persons with disability experience. One would ask whether the pain people with a disability suffer from is always in the body. Some persons with disability do suffer from physical pain but the pain and suffering inflicted on them through societal oppression, discrimination, stereotypes and social exclusion, etc., may be even more harmful.

Some disability theologians also try to make sense of pain and suffering from different perspectives as in the book of Isaiah and Job. According to Black (1996:30), it is remarkable how some Christians label persons with disability as both an angel and a devil. As angels, they are God’s chosen to witness to the world, so they receive praise for their suffering and endurance, and their caregivers, especially their mothers are seen as a saint. But on the other hand, persons with disability are often perceived as the devil (demon possessed) and cursed by God. Reflecting on the many miracles and healing stories in the Bible, persons with disability are viewed as sinful and as lacking in faith. Many Christians do not accept that God can create a human being with disability, especially when the disability is profound: the discrimination from the churches is intense. These contrasting constructs of a person with disability—as an angel or a devil—has a negative outcome, resulting in their social and religious exclusion (this pertains to the main focus of this study).

To answer the question of why persons with disability suffer pain, many Christians attribute it to the will of God. If it is God who is responsible, then no one can question God. Disability is either seen as a punishment, or a curse, or a test of faith, or a personal character development for persons with disability. As mentioned earlier, Eva Kittay (2015)<sup>34</sup>, a distinguished philosopher, stated that her

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<sup>33</sup> Leibniz on theodicy. Viewed from: <http://plato.stanford.edu/entries/leibniz-evil/>. [Date accessed: July 2016]. See also: [Gottfried Wilhelm Leibniz](#) Theodicy Summary. Viewed from: <http://www.enotes.com/topics/theodicy>. [Date accessed: August 2016].

<sup>34</sup> Kittay, E. 2015. Closing Conference remarks at Stellenbosch University on 22 May 2015.

daughter's profound disability provided her with many rich experiences. This reflects how people see disability as a blessing and must therefore be endured. However, apostle Ntuny, the former general chairman of the Pentecost Church of Ghana and the Ghana Pentecostal Council, shares the many years of his life as a pastor without disability and now with a physical disability resulting from a disease. He is of the opinion that: "God never does something for nothing. Neither does he allow something to happen if there was not a divine reason or purpose" (Ntuny, 2012:111). This also reflects how disability is constructed among Pentecostals and Charismatics in Ghana. According to Avoke (2002:771), Baffoe (2013:189) and Slikker (2009:14), Ghanaians attribute disability to a generational curse or demoniac activities but the above also shows that disability is constructed within the Christian context as coming from God and for a purpose.

In the same way, the theology of redemptive suffering is problematic. In this case, the suffering of persons with disability is likened to that of Jesus Christ on the Cross of Calvary, after which he brought redemption to the world. Thus, Christians share in Christ's suffering if they experience pain in the world. Basing their argument on the beatitudes, some Christians believe that the more they suffer—physically, intellectually or emotionally—the closer they get to God (Black, 1996:30). This is likewise oppressive for persons with disability.

Claassens (2013:58, 59) also approaches disability from the perspective of Job's suffering, proposing a new theological disability framework and a *theological hermeneutic of disability* (Reynolds, 2008:34-35). Job's suffering, alienation, stereotyping, discrimination and exclusion portray the experience of persons with disability in society. She sees Job's ability to share his pain with others as a good way to approach disability and theology, so that the experience of persons with disability is considered. This reinforces Creamer's theology of embodiment and feminist disability theology, which propose that theology must take into account the experiences of persons with disability.

In essence, the way persons with disability are expected to endure suffering as a blessing lead to oppression, in that they even have to accept social injustice, discrimination and exclusion as God's will. Reynolds (2008:16) says: "I do not believe persons with disabilities are simply moral lessons or means of inspiration for non-disabled persons".

### **3.3.6. Disability and vulnerability**

Disability has also been considered in the dimension of vulnerability. Marginalized and stigmatized people are normally vulnerable due to the experiences they face in society. To be vulnerable means to be subject to physical or emotional harm or damage (Koopman, 2013:45). Societal attitudes towards



persons with disability are indicative of their vulnerability. According to Claassens (2013:61), persons with disability experience “profound” vulnerability.

Koopman (2013:45) also addresses issues with vulnerability and human dignity regarding persons with disability. He said that apart from the vulnerability persons with disability experience due to physical barriers in society, they also encounter theological vulnerability. And that vulnerable people often respond to the problems they experience with anxiety. The anxiety of persons with disability normally arises from negative constructions of disability and societal attitudes. He proposes a hopeful and positive response to vulnerability with a realistic, responsible and resilient hope that is embedded in Jesus Christ.

Thomas Reynolds, a distinguished disability theologian, has written mainly on the vulnerability of persons with disability. In his book, *Vulnerable Communion: a Theology of Disability and Hospitality* (2008), Reynolds presents Jesus Christ as an “icon of a vulnerable God” being both divine and human. The divine openness to humanity is a kind of vulnerability but also expresses the unconditional divine love of God for humanity, while opening humanity up to God, and vice versa. Reynolds (2008:198) writes: “The divine love of God suffers with and for others, this is reflected in several portions in the Bible where the children of God are required to receive and care for strangers and poor people”. Life offers everyone a number of diverse opportunities. As people encounter others, be it family, colleagues or strangers, there is a kind of reciprocal relationship that offers everyone some kind of vulnerability. Reynolds (2008:139) continues: “Recognizing another as vulnerable and precious meaning embracing a gift, welcoming an empowering value”. His theology of a vulnerable God proposes that even God himself is vulnerable, so is every human being—both persons with disability and able-bodied are all vulnerable. The knowledge of one’s vulnerability makes individuals and groups ready to welcome and accept persons with disability, and render the act of hospitality. This type of theology is a move towards the inclusion of persons with disability in society and churches. Thus, churches and theological institutions in Ghana would do well to work towards the inclusion and integration of persons with disability in their praxis.

### **3.3.7. Disability and care/hospitality**

Many churches around the world have made strides in caring for persons with disability in diverse ways. Although this is not prevalent in Africa, which includes Ghana, it is considered normal for churches in other parts of the world to readily respond to the needs of persons with disability. The main focus of many disability theologians is to see accessible and inclusive churches but it was established in chapters two and three that persons with disability in Africa as a whole face extreme social exclusion as well exclusion from church life. Caregiving and hospitality towards persons with disability is an important focus for John Swinton (2001:49), Webb-Mitchell (1994:78), as well as Erna Möller (2013:34), and



other disability theologians. These scholars advocate that churches must be accessible/inclusive and integrate persons with disability so that they will feel at home when at church.

Disability theologians who approach disability from a pastoral care, caregiving and hospitality point of view, focus on the way churches can provide physical access such as ramps, parking spaces and bathrooms, and how to meet their particular needs. Swinton (2001:25) focuses more on the value of persons with disability as human beings created in the *imago Dei*. Their unique personhood invites churches to accept them for who they are and to find meaningful ways to include and integrate them. According to some disability theologians, indicators of a welcoming congregation include mission statements that are inclusive, physical access and accessible Sunday schools, inclusive programs and accessible small groups. Churches should not wait until they have persons with disability before they make their environment accessible. Hospitality is expressed by the way members interact with persons with disability by inviting them for lunch and being kind to them (Carter, 2007; Web-Mitchell, 2010:78.99; Block, 2002:144). This section highlights the necessity of this dissertation as it is particularly interested in accessibility for persons with disability in theological education in Ghana.

Reynolds (2008:241) is of the opinion that hospitality is born out of divine love and not out of pity—love that is “liberating and reconciling”. So the hospitality that is shown to persons with disability must be one that is welcoming and not out of pity, and in a manner that empowers them. Hospitality implies actions that make both the host and guest vulnerable because of complete openness so that the host is able to make arrangements outside of a comfort zone with the purpose that the guest can truly feel comfortable. Hospitality means both giving and receiving. It is hosting a guest in a way that sincerely shows that s/he is special and valued. Therefore, one is willing to make changes and adjustments and sometimes even become unfamiliar with his/her own home just to make sure that true hospitality is offered. In the same way, persons with disability must be welcomed with such love that they feel part of the home and not a stranger (Reynolds, 2008:22, 224, 243).

I am of the opinion that it is indeed very important to be welcoming, physically accessible and hospitable towards persons with disability but it is also relevant to identify factors behind the exclusion they face in the first place, so that it will be easier to address the issue of accessibility.

### **3.4. *Missio Dei* Theology and Disability**

The study seeks to explore, and to some extent, realistically evaluate the socio-cultural and theological factors that influence the accessibility for persons with disability in theological education in Ghana. As indicated in chapter two, the conceptual framework for this study relates to the conversation pertaining

to disability and stigmatization, but notwithstanding, it must be noted that the theological focus is on the inclusivity of the *missio Dei* theology.

Suess (2003:552)<sup>35</sup> states that mission that is not linked to the *missio Dei* is reduced to nothing. The term *missio Dei* can historically be traced to Augustine in the light of the doctrine of the Trinity. However, from a missiological perspective, the concept of *missio Dei* can be traced back to the Willingen conference that was held in 1952. Karl Hartenstein probably coined the phrase in his report from Willingen, as it was not in the original document. He spoke of mission as “participation in the sending of the Son, in the *missio Dei*, with an inclusive aim of establishing the Lordship of Christ over the whole redeemed creation” (Engelsviken, 2003:482).

To quote Hartenstein (1952) more fully, “Mission is not just the conversion of the individual, nor just obedience to the word of the Lord, nor just the obligation to gather the church. It is the taking part in the sending of the Son, the *missio Dei*, with the holistic aim of establishing Christ's rule over all redeemed creation” (Yates, 1994; Scherer, 1987; International Missionary Council at Willingen, 1952; Bassham, 1978; Hartenstein, 1952 cited in Engelsviken, 2003:482-483). Towards the latter part of the last century, there was a shift in the interpretation of the *missio Dei*, there was a connection between the *missio Dei*, the church and the kingdom of God. Although there have been many controversies over the interpretation of the *missio Dei*, Engelsviken (2003:486) argues that it is important to “hold the concepts of the trinitarian *missio Dei* and the kingdom of God together”. The emphasis was now on the church as an instrument or agent of the *missio Dei*.

The old church-centred missiology was theologically deficient in that it did not fully realize the broadness of the missionary task as modelled, for example, by Jesus' own ministry to the poor, the suffering and marginalized. Neither did it adequately realize that Jesus' initial call to repentance and faith in the gospel because the kingdom of God was near (Mark 1:15), presupposes the temporal and substantial priority of the kingdom over the church, as well as the eschatological character of the kingdom, and therefore, also the mission of the church (Matthew 24:14). The church is part of the *missio Dei*, but the mission of the church cannot simply be identified with God's mission (Engelsviken, 2003:487).

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<sup>35</sup> This is the English version of Paulo Suess's original German paper as presented at the Willingen consultation, which was published by the WCC in 2003. Paulo Suess is theological advisor to the Brazilian Missionaries Council for Indigenous People, and president of the International Association for Mission Studies. In 1987, he founded the first post-graduate course in Brazil for the study of missiology.

According to Withworth (2012:8), there is only one mission in Christianity, which is the *missio Dei*. Withworth (2012:6) approaches the *missio Dei* from a grace perspective and argues “for the *missio Dei* to be defined as the grace of the triune God moving in, through and with the world, that all might be drawn into the life-transforming embrace of divine love”. Looking at it from two dimensions: First, a Wesleyan perspective of grace: “the development of a theology of participation in the *missio Dei* that overcomes the repetitive articulations of mission as simply being human action or divine action”; and “second, through the means of grace, Christian disciples participate in the *missio Dei* as those transformed by God’s love and those through whom that love embraces and transforms the world”. Hence, the *missio Dei* is divine but also includes human activity. Withworth (2012:6) argues that the church’s participation in the *missio Dei* must therefore be holistic including all persons and should involve both spiritual and justice ministries. Therefore, his proposal is for a theology of participation in the *missio Dei*, which indicates that the church must focus on the inclusivity of all when participating in the *missio Dei*. I follow this line of argument but focus more on Bosch (1991:390), Bevans & Schroeder (2004:34) and Kritzingers (2011:50, 55) concept of mission as the *missio Dei*. The preposition is that Ghanaian churches and theological institutions need to focus on equal accessibility for all people with disability in their ministry so as to reflect their holistic engagement in the *missio Dei*.

Bosch (1991:390) sees mission as the *missio Dei* in the sense that ‘Mission is an attribute of God;’ God is a God of mission. It is God’s mission that includes the church, and not the church that has a mission to reach out to the world. The church is an instrument God uses to reach out and express his unconditional love to the world. In Bosch’s (1991:28) own words:

What amazes one again and again is the inclusivity of Jesus’ mission. It embraces both the poor and the rich, both the oppressed and the oppressor, both the sinner and the devout, *both the able-bodied and persons with disability*. His mission is one of dissolving and breaking down walls of hostility, of crossing boundaries between individuals and groups (emphasis mine).

Bevans & Schroeder (2004:34, 348) also see mission as participation in the mission of the triune God, which can only proceed in dialogue (the prophetic dialogue). Mission as prophetic dialogue is threefold: dialogue with the poor, culture and other religions. Bosch (1991:393-401) stresses mission as mediating salvation, which depicts mission as being holistic, so that salvation is not only limited to the individual’s relationship with Christ but must also be considerate of the hatred, injustice, oppression, marginalization, violence and other forms of suffering in the world as equally relevant. Also, mission as a quest for justice must focus on the tension of expressing the unconditional love within a context that is filled with injustice. Salvation must be a source of joy and hope to everyone, especially the marginalized in society, which includes persons with disability. It is paramount for mission to resist any form of social injustice, discrimination, oppression, stigmatization and exclusion, amongst others (Bosch, 1991:393-401). Bosch (1991:420, 432), Bevans & Schroeder (2004:34, 71, 378, 285) and

Kritzinger (2008:764, 767, 769) all stress contextualization as an appropriate way for the church to engage in the all inclusivity of the *missio Dei*. Hence, the proposal for prophetic dialogue (Bevans & Schroeder, 2004:348) and the praxis cycle, which is an intercultural/interreligious approach to contextualization, this is engaged further in the data analysis. This study uses contextualization, focusing on inculturation theology to investigate and realistically evaluate the equity and access for persons with disability in theological education in Ghana.

Bevans & Schroeder (2004:34, 278, 295) take the conversation on participating in the *missio Dei* further in their dialogue on the six constants of mission, as discussed in chapter one (see section 1.11.1). They emphasize, “The church is missionary in its very nature; it continues as church as it continues Jesus’ mission of preaching, serving and witnessing to God’s already–inaugurated yet still-to-be-consummated reign, growing and changing in the process” (Bevans & Schroeder, 2004:33). Bevans & Schroeder (2004:36) draw on González and Solle’s types/paradigms of theology. Type A theology: Mission as saving souls and extending the church; Type B theology: Mission as discovery of truth; and Type C: Mission as commitment to liberation and transformation. The research is approached from a Type C perspective focusing more on mission as liberation and transformation. This has been discussed in chapter one (cf. section 1.11.1). Bosch (1991:xv) proposes that mission must bring transformation. Kritzinger (2011:52) also says, “Missiology—which critically reflects on mission—is ‘encounterology,’ the scholarly study of such transformative encounters”. In other words, this study is geared towards transformation whereby persons with disability in Ghana may experience transformation by easy access to churches and theological education; however, the churches and theological institutions may possibly also need to be transformed in the process as indicated by Bevans & Schroeder (2004:33). CMO is helpful to answer the questions of *how* and *why* religious resources in the Ghanaian socio-cultural and Christian contexts influence any stigmatization and exclusion of persons with disability from theological education and possible interventions.

Conner (2015:17-20) emphasizes that missiology must take disability conversations very seriously. Moreover, Conner links the inclusion of persons with disability in Christian communities to the *missio Dei*. He is of the opinion that:

If mission is lodged in God’s own cause, and in the activity of the Holy Spirit, then the church can become more open to being surprised by the activity and witness of God in the world. If the church’s participation in God’s mission is dependent upon the Holy Spirit and not human initiatives and attendant capacities or church programs and related strategies, then anyone who can bear the Holy Spirit, regardless of cultural setting, embodiment, intellectual capacity or social skills, can participate in God’s mission. As we will explore below, if mission is God’s mission and is directed to the ends of the earth and all its inhabitants, then we should expect the church to be diverse and the church’s witness to be pluriform (Conner, 2015:19).

Therefore, the theological focus of this research is the all-inclusivity of the *missio Dei* following the above indications that God is an all-inclusive God who has a mission to reach out to everyone regardless of race, gender, status or disability. As indicated in chapter two, persons with disability are among the poor and marginalized people in Ghana. Hence, Ghanaian churches and theological institutions in availing themselves as instruments for the *missio Dei* have the task of ensuring that they are all inclusive in their ministries and activities. Meaning their activities must abhor any discrimination, social injustice, stigmatization and exclusion of persons with disability. It is only in this way that they can reflect themselves as true instruments in the *missio Dei*. Contextualization, focusing more on sociological-anthropological inculturation, is employed in this regard.

Fritzson's (2012) core team member of the Ecumenical Disability Network (EDAN) of the WCC explains that the love of God is unlimited and unconditional, and reaches out to everyone regardless of ability or disability. God's salvation for mankind includes persons with disability. If we are to love our neighbour as ourselves, this includes persons with disability. He continues to highlight that the Bible warns against cursing Deaf persons and putting a stumbling block in a blind person's way. Also, according to Reynolds (2008:198), "The divine love of God suffers with and for others, this is reflected in several portions in the Bible where the children of God are required to receive and care for strangers and poor people". As indicated earlier, persons with disability in Ghana are among the marginalized and poor of society; thus, the love of God compels faith communities, which include churches and theological institutions, to be open, inclusive and accessible to them. The churches and theological institutions are resources in this process. Therefore, granting equal accessibility for persons with disability in theological education is a way of expressing the all-inclusive and unconditional love of God towards persons with disability in Ghana reflecting the inclusivity theology of the *missio Dei*. As indicated in the abstract, it is only if persons with disability are granted equal access to churches and theological education that Ghanaian churches and theological institutions can confidently say, they are truly involved in the *missio Dei*.

### **3.5. Central biblical texts on disability and stigma**

It is important to consider some biblical texts on disability as they shed more light on how the Bible as a resource has triggered stigmatization and the exclusion of persons with disability from equally accessing Christianity, which has possible implications on the equal accessibility for persons with disability in theological education. There are several biblical texts on disability but the focus is on those that are relevant to the main themes of this research. There is the need to consider how disability theologians have interpreted texts on disability so as to determine the negative and positive implications of the Bible as a resource on stigmatization and the exclusion of persons with disability in Christian communities. According to Reynolds (2008:34-35), there is no pretence about the truth that the Bible

has a lot of negative texts regarding the plight of persons with disability; however, there are also some texts that are positive. For this reason, he proposes that a hermeneutics of disability be done in such a way that will not cause more harm to persons with disability. Thus, Reynolds' proposes a '*theological hermeneutic of disability*,' where there is a careful and negotiable biblical interpretation that takes the holistic, historical, cultural, social, and political frameworks from biblical times into account, as well as considers the current situation and context.

On the other hand, Yong (2011:49-56) and Wynn (2007:92) indicate how biblical texts on disability have been interpreted from a *normate hermeneutic* perspective to reinforce discrimination towards persons with disability. "The *normate hermeneutic* is the means by which scripture is interpreted so that it complies with and reinforces the socially constructed norms. This hermeneutic imposes a society's interpretation of disability on the text without due consideration of the text" (Wynn, 2007:92). Therefore, there is a contrast between the *normate hermeneutic* and *theological hermeneutic of disability* of the central biblical texts for this study. The *normate* problematizes the selected texts to show how they reinforce the stigmatization and exclusion of persons with disability in Christian communities. Whereas the *theological hermeneutic of disability* highlights the redemptive reading of the same text, which is more liberating for persons with disability. Two texts will feature in this section that outline biblical texts on disability and stigma. In the first instance, Leviticus 21:17-23, which is found in the purity code, talks about the exclusion of persons with disability from observing some duties of the Levitical priesthood. This biblical text is chosen as a central text as it is relevant in the discourse around the exclusion of persons with disability from pastoral ministry and theological education. It is helpful in understanding that persons with disability were not completely excluded from the Levitical priesthood, therefore, they can also participate in pastoral ministry in Ghana. Hence, there is the need for equal accessibility for persons with disability in theological education in Ghana. Amos Yong (2011:18-19), a disability theologian, has interpreted most of the disability texts in the Bible; Saul Olyan (2008:31) has also interpreted disability texts from the Hebrew Bible, their interpretations on the purity/holiness code and disability are considered from both the *normate hermeneutic* and *theological hermeneutic of disability* perspectives.

Second, John 9:1-41 is a healing account of a man born blind, where Jesus healed his physical blindness. This text is chosen as a central biblical text because it depicts the way disability has been linked to sin/curse in the Ghanaian culture. It is also relevant in conversations around the observable healing pressure on persons with disability in Ghanaian churches on the airwaves, which is later explored in chapter five. Furthermore, it highlights societal and church attitudes toward persons with disability. In essence, John 9 is relevant in drawing conclusions on the proposal of the Bible as an intervention for the accessibility for persons with disability in theological education in Ghana. Amos Yong (2011:50-57) discusses how John 9 has been interpreted from a *normate hermeneutic*, alongside Kathy Black



(1996) from a *theological hermeneutic of disability* perspective. Focusing on hermeneutics and homiletics, Black (1996:60-64), a disability theologian, has sought to understand disability texts in the Bible. Her interpretation is considered for the John 9 healing account; this is relevant as she approaches the text from the following dimensions: a hermeneutic, a traditional homiletic and a healing homiletic dimension. Black does a detailed exposition of the entire chapter but only the portions that are relevant to the themes of the research are considered here. It is interesting to note that Chomutiir<sup>36</sup> (2009) has also conducted a doctoral study on John 9 in conversation with the perception of the Karanga society in Zimbabwe that sicknesses and disability are caused by ancestors and have been linked to the sins of individuals or parents. This is in line with the central themes of this study.

If CMO should already be engaged at this level prior to the data analysis, then it can be argued that Leviticus 21:17-23 and John 9:1-41 are two biblical texts that may serve as a valuable resource within the Christian context that trigger responses of stigmatization and exclusion of persons with disability from society, Christian communities and pastoral ministry. This means that the way contemporary believers interpret these texts may determine the inclusion or exclusion of persons with disability from pastoral ministry.

### **3.5.1. Holiness/purity code: Leviticus 21:17-23**

The Book of Leviticus<sup>37</sup> contains laws and regulations for the Israelites regarding animal sacrifices, ethics and conduct, and priesthood, among others. The book is divided into sections. Chapters 17-26 are referred to as the holiness/purity code. These are laws regarding how Israel as God's people should set themselves apart to be holy unto God without any contamination. It also contains regulations for the priesthood. According to Wright (1999:352), both the Priestly Torah and the Holiness School treat the issue of holiness with respect to the identity and conduct of certain classifications of persons, including priests, Levites, the firstborn, all of Israel, and most fundamentally, God. Yet differences on how holiness is construed in each tradition emerge from each classification.

This particular portion of the Bible cannot be ignored in disability conversations as some of the negative attitudes from Christians towards persons with disability stem from here (Yong, 2011:18-19). Within the purity code in Leviticus 21:17-23 one finds some particularly troubling laws regarding persons with disability.

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<sup>36</sup> Chomutiir (2009) wrote a doctoral dissertation focusing on John 9 (University of Stellenbosch).

<sup>37</sup> A biblical book found in the Old Testament.

Leviticus 21:17-23 reads as follows:

And the Lord spoke to Moses, saying, 17 "Speak to Aaron, saying: 'No man of your descendants in succeeding generations, who has any defect, may approach to offer the bread of his God. 18 For any man who has a defect shall not approach: a man blind or lame, who has a marred face or any limb too long, 19 a man who has a broken foot or broken hand, 20 or is a hunchback or a dwarf, or a man who has a defect in his eye, or eczema or scab, or is a eunuch. 21 No man of the descendants of Aaron the priest, who has a defect, shall come near to offer the offerings made by fire to the Lord. He has a defect; he shall not come near to offer the bread of his God. 22 He may eat the bread of his God, both the most holy and the holy; 23 only he shall not go near the veil or approach the altar, because he has a defect, lest he profane My sanctuaries; for I the Lord sanctify them'" (NKJV).

According to Yong (2011:18), this text has negative implications for perceptions of disability. He argues that a *normate* reading of the holiness code stresses that "ritual and ethical holiness are features of purity, beauty, perfection and life of Israel's God," which may account for the stigmatization and exclusion of persons with disability from Christian communities (Yong, 2011:20). However, there is the need "to minimize the negative repercussions of the texts". It is for this reason that I propose a *theological hermeneutic of disability* as an intervention for accessibility to theological education for persons with disability in education in Ghana. This will be discussed further in the final chapters of this dissertation.

According to Yong (2011:18-20), the purity code is full of many exclusive commandments, the priests are supposed to abstain from touching the dead, "marital restrictions, meeting the physical standards of physical soundness, and partaking of sacred meal. Disability is thus only one of the exclusionary mechanisms, so the passage should not be understood as unfairly targeting a certain category of people". It should be also noted that the passage talks of the prohibition of a blemished priest from making a sacrifice in the Holy Place, that is to say, from a disability perspective they could be involved in other activities outside the Holy Place. Many disability theologians would like to make this point clear that persons with disability were not completely exempt from the priesthood. Many disability theologians argue along this line when they challenge traditional interpretations that interpret the above passage in terms of the total exclusion of persons with disability from the priesthood.

Olyan (2008:31) argues along the same lines when he states that the exclusion and stigmatization of priests with a disability in the above biblical account is partial. Verse 22 shows that the priest is allowed to remain in the sanctuary to partake in the most holy, holy foods, and most holy offerings. Notwithstanding, they were still stigmatized, marginalized and disqualified from altar service and the high priesthood. But the exclusion is not total, meaning persons with disability were not completely exempted from the priesthood. This latter position will inform the data analysis and recommendations in subsequent chapters. This is to say, a redemptive reading of the holiness code may reduce any



stigmatization and exclusion of persons with disability from pastoral ministry and theological education.

### **3.5.2. John 9:1-41**

John 9 is a healing account of a man born blind and healed by Jesus on the Sabbath, which is confirmed by his family. This act of healing caused a lot displeasure and resentment from the Pharisees. Later, Jesus met the blind man who had been healed but was now excommunicated from the synagogue.

According to Yong (2011:57), a *normate* reading of this text indicates that the expectation is for blind persons to be healed. Furthermore, God is glorified with the healing (sightedness) of a blind person. Black (1996:67) interprets the questioning of Jesus by the disciples with regard to whose sin caused the man's blindness to connote how people in Jesus' time saw blindness as an imperfection, "meaning created imperfectly". In Jesus' time, persons with disability were regarded as imperfect or not whole, which in quite a few instances is also how disability is viewed today. Such a view considers persons with disability as second-class human beings. But Jesus' answer challenges that negative perception by means of raising another question regarding disability. For the work of God is revealed in the blind man (which is also interpreted in other version as "for the glory of God to be revealed"). Many different theologians have interpreted this text in diverse ways. To some scholars, the man was not whole; to others, his blindness served as a lesson; and to disability scholars, the man was created perfect like anyone else to demonstrate the love of God. Black (1996:67) does not seem to have a stand on what this means. In other encounters people called out for help, but this was not the case for the blind man, yet Jesus reached out to him. One could argue that this shows that Jesus does not always wait for people to call for help before he acts, he can also take the initiative to reach out to those in need. It also shows that the man's cure did not depend on the faith of the man. Black proposes that perhaps the man would have liked to participate in the healing process (Black, 1996:67).

The reference in verse 8 that the man was a beggar is significant as it demonstrates that persons with disability have been begging from the earliest times. In some societies, begging is seen as the only job a person with a disability can do. The people in the society did not rejoice with the man but rather were negative and finally brought him to the Pharisees. The questioning of the parents also offers a glimpse into how persons with disability are often treated—as children, or they talk to family members or others about the person with the disability instead of approaching them directly. The good thing is that the parents in this instance treated the man as an adult and demanded that they rather question him directly.

It is also obvious that the man was bold, vocal and arrogant. This is seen in the way he faces the Pharisees. These attributes were not attained after he could see. It is also clear that even though the man could not see, he identified his healer as Jesus Christ and told the Pharisees that he is a prophet from

God. The man was accused of being a disciple of Jesus, which was not true. The way the man could argue his way out of the situation with the Pharisees shows how persons with disability today are also fighting for equality and accessibility. What is clear is that, even though the cured man could have been integrated back into society, he instead experienced exclusion. The man who is now cured cannot return to begging; it is not mentioned whether he joined Jesus so he would then be isolated and excluded without a job. Yong (2011:57) also highlights that from a *normative hermeneutic* perspective, the man was dependent, yet it is clear that the blind man was able to find his way to the pool of Siloam without any help, which is a more redemptive way of reading this text. It is important to note that Chomutir (2009:20, 22, 62), although focusing on holistic healing, makes a very strong case that the focus of John 9 should be on Jesus' response, which shifts the attention to the manifestation of the glory of God rather than the attribute of disease and disability to sin/curse.

In essence, John 9 reflects the link of disability to sin/curse in the Ghanaian culture and traditional belief system, and is also helpful in conversations around faith/healing of persons with disability in Ghanaian churches. This will be discussed in later sections of this dissertation.

### **3.6. Theological reflection on disability and stigma**

It has been stated several times in different sections that this research seeks to explore the socio-cultural and theological factors that act as mechanisms for equal accessibility for persons with disability in theological education in Ghana. Theological reflection on disability and stigma is necessary as this section of chapter three reviews relevant theological themes that relate to the stigmatization of persons with disability, especially from the African context. This section begins by reviewing John Swinton's theological interpretation and conception of disability.<sup>38</sup> Narratives of other persons with disability are reviewed in the literature to explain the situation as it is in other parts of Africa. This is helpful in that as this research explores the situation from the Ghanaian perspective, it shows differences and similarities in the experiences of persons with disability in theological education in other parts of Africa, especially East Africa. According to Osmer (2008:50), narrative research is a methodology that uses people's life story narratives as a source of data. Narratives are helpful in making practical sense of a phenomenon (Squire, 2008:43-45). Onyinah (2006) who is the current General Apostle of the Church

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<sup>38</sup> John Swinton's credentials include: he is a well-known Professor in Practical Theology and Pastoral Care (personal chair); Director of the Centre for Spirituality, Health and Disability; Honorary Professor of Nursing, at the Centre for Advanced Studies in Nursing at the University of Aberdeen; and ordained minister of the Church of Scotland. Swinton is a scholar in Disability and Practical Theology; hence his approach to disability and spirituality is practical. He also uses the narrative approach in his writings where he shares personal experiences of disability cases. Swinton's concepts are chosen as a guide because he is a practical theologian and uses a practical approach. Since this research is done in the Department of Practical Theology and Missiology, it is relevant and necessary to use Swinton as a point of departure.

of Pentecost in Ghana has also written on healing/sin. Although his work is not directly on disability, some of the themes in his article such as healing and sin are relevant to this study as he addresses the way healing is understood in the Ghanaian context and how sin is normally seen as an antecedent to sicknesses and disability, among others.

According to Nico Koopman (2013:45), persons with disability do not only experience social vulnerability but they also experience theological vulnerability, which leads to their exclusion. Such experiences reduce their value and human dignity in such a way that they are not able to make any meaningful contribution to society. This is a reflection of stigmatization, discrimination and exclusion.

### **3.6.1. Swinton's theological concept of disability**

As stated in the introduction of this dissertation, I use the framework of John Swinton as a point of departure for this research. Swinton addresses disability from a practical theological dimension and shares the narratives of the experiences of persons with disability he has encountered to address the issues of disability within the theological setting. He focuses on the value of the personhood of persons with disability, pastoral care, and the spirituality of persons with disability, among others. He specialises in developmental and learning disabilities. Swinton has a lot of work to his credit but it is only those concepts that are relevant to this study that are presented here. Swinton is chosen because he is a practical theologian who focuses on praxis as missiologists do, and his concepts are relevant to the theological themes that are raised in this research. It is worthy to note that Swinton approaches disability from the perspective of a relationality theology, which is similar to participating in the *missio Dei*, which is emphasized by renowned missiologists. Of significance here is Swinton's (2001:26) statement:

If God is for the poor and the outcast, as the liberationists have suggested, then our image of the Body of Christ must be formed and shaped not by the strong and the powerful (those who lay down the criterion for cultural, theological and aesthetic norms), but by the outcast and the marginalized; by those whom the world assumes to have no voice and to be of little significance.

Swinton calls the spiritual neglect of persons with disability as the 'forgotten dimension' of spirituality. Often drawing on the experiences of persons with disability he has personally encountered, he states: "Despite evidence to suggest that a focus on the spiritual aspect of the lives of people with (learning) disabilities can be health-bringing and life-enhancing, this dimension of people's lives is often overlooked or considered irrelevant". He also says that the spiritual aspect of the lives of persons with disability is under-researched and misunderstood. This aspect of spirituality must be of great importance to service providers in order to provide holistic support to persons with disability (Swinton, 2002:29). Talking of under-researched, it is not yet evident if there is any research in Ghana on the equity and access to theological education for persons with disability. Swinton's point on the 'forgotten dimension' of spirituality stresses the way denial from participation in worship can lead to the exclusion of persons

with disability from Christian worship, which reflects the social and theological aspects of how certain behaviours of churches can influence the extreme exclusion of persons with disability from church life. He is of the opinion that not many disability theologians are practical theologians, however, they mostly use a practical theological approach to disability (Swinton, 2011:273). Since this research is done within the department of Practical Theology and Missiology, it is worthy to consider Swinton as one of the main practical theological voices who focuses on the interconnection between disability and theology.

Swinton is of the opinion that the starting point for disability theology is to accept that persons with disability are a marginalised group and experience exclusion from the ministry of the church (Swinton, 2011:274). He poses a significant question as he critically reflects on some of the existing disability theologies: At first glance, the question “Who is the God we worship?” seems to be quite straightforward. We worship the God revealed to us in the Scriptures through the life, death and resurrection of Jesus Christ. This is of course the case. However, the rich, diverse and often contradictory understandings of God available within the Christian tradition tempt us to ask: “Whose God is the God we worship and whose Jesus do we follow?” Developing, clarifying and creating such God-images and drawing out their implications for praxis is key to the task of disability theology. The human tendency to create God according to our own image is not difficult to track down.

Theology involves embodiment and interpretations of how people experience the world in their minds and bodies. Cultures and social settings do influence the way people perceive the world and God (Swinton, 2011:276). Therefore, this cultural research which focuses on the influence of the Ghanaian culture and the traditional belief systems perception of disability is an ideal way of exploring the equal accessibility to theological education for persons with disability in Ghana. According to Swinton, disability theologians have reacted to the way churches construct God and their practices that are exclusive to persons with disability. In the same way, many traditional theologians who are often able-bodied construct God in this manner, interpreting the *imago Dei* from an “able-bodied hermeneutical” perspective. Persons with disability have suffered devaluation, stigmatization, exclusion and discrimination from churches, because experiences of persons with disability have not been considered in formulating theology and Christian doctrines. To some extent this reflects Deborah Creamer’s embodiment theology (2003:62-63). But Swinton finds most of the liberation disability theologies problematic. Beauty, normality, strength, intellect and reason have been defined to determine what should be normal/abnormal so that disability is seen as abnormal, and not a true reflection of the *imago Dei* (Swinton, 2011:277). This is what Reynolds (2008:63) also calls the cult of normalcy. In most cases, disability has been linked to sin, causing the exclusion of persons with disability from churches (Swinton, 2011:277). This is also an emphasis of this research, which is reflected in other parts of this dissertation (cf. the work of Onyinah, 2006:121, 122; Kabue, 2011:21; and Shiriko, 2011:171, who attest to this within the African context). In essence, the way traditional theology has exclusively

interpreted the *imago Dei* rightly accounts for Swinton's posed questions above. Should it therefore not rightly be: "Who is the God we worship?" But instead, it is evident that the question that is being posed is: "Whose God is the God we worship and whose Jesus do we follow?" This is an indication that theology is exclusive and discriminative of persons with disability suggesting they are strangers of God and of Jesus Christ the Saviour. How then can they feel welcomed in church communities? This is what this study seeks to explore in the Ghanaian context (Swinton, 2011:276, 277).

Also, another relevant point Swinton makes is how cultures influence the church's practices and attitudes towards persons with disability, which is discriminative and exclusive; culture and the exclusive interpretation of the *imago Dei* influence each other by presenting a different kind of God other than the one 'we' serve (Swinton, 2011:276, 277). The cultural approach to this study also delves into how the Ghanaian traditional belief system and culture may possibly influence the exclusion of persons with disability from churches and theological education.

Swinton (2011:278,279) identifies the root of many negative experiences of persons with disability to the way disability has been constructed within the discipline of Disability Studies. Disability studies have had a great deal of influence on disability theology. Whereas disability theologians are advocating for embodiment, disability studies which is quite sociological focuses on the social model of disability, which shifts the disability to the society without any connection to the impairment. As indicated earlier, the social model of disability is a reaction towards the medical model of disability, where persons with disability attribute their disability to barriers in society rather than their impairments. Swinton argues that disability studies separate disability from impairment, which poses a hazard in even interpreting the reality of disability, but is also useful to disability theologians by pointing to discriminative and exclusive practices of churches that exclude and prevent them from fully participating in their activities. This has enhanced the formulation of different disability theologies, which opens up persons with disability to seeing themselves in a more acceptable way. Swinton tries to make sense of some disability theologies and does not seem to agree with Eiesland on the 'Disabled God,' Reynolds on the 'Vulnerable God,' the 'Accessible God,' and other liberation theologies. In this regard, disability theologies also do not reflect "the God we worship". Swinton cautions the way disability theologians have attempted to interpret the nature of the *imago Dei*. He argues, as indicated in the Scriptures, human beings can only know that which is revealed to them by God about Himself. Therefore, there is no need to interpret what the *imago Dei* is, as that is not revealed; but what is important is that all human beings, with or without disability, are created in the image of God. What the actual image is, is not known (Swinton, 2011:284).

Furthermore, Swinton (2001:25, 47) maintains that disability is not a situation that needs any intervention or a solution but must be accepted as it is; persons with disability must not be judged but

valued and respected for who they are because they are human beings ‘truly’ created in the image of God. The common factor is that persons with disability are also created in the image of God; persons with disability who are Christians have Christ in them. Only if the body of Christ rejects all forms of discrimination and exclusion can Paul’s assertion become a reality, that is: ‘there is no Jew or Gentile, no male or female,’ and to this he add, ‘no able-bodied and person with disability,’ everyone is equal before God.<sup>39</sup> One of the main themes that have gained considerable attention when reviewing the theological aspects of disability is the image of God. Swinton strongly affirms that persons with disability are created in the image of God but he does not concern himself with what the image of God actually looks like, as other disability theologians try to do. This is relevant as it shows the relationship between how persons with disability are perceived and the influence of this perception on their accessibility to the Christian life and theological education. Nevertheless, Swinton states that disability ‘needs’ no healing; persons with disability must be accepted for who they are and be integrated into the church life and worship without any discrimination. Not necessarily against praying to God, he however sees the constant pressure from some Christian leaders for healing miracles as the spiritual extension of the medical model of disability. The personhood of persons with disability must be valued (Swinton, 2001:47-48). The concept of faith/healing miracles, which is prevalent in Ghana, is one of the themes of this research. Much evidence points to the expectation by many faith healers for persons with disability to be healed. Swinton’s stand on healing is relevant for the data analysis and conclusions still to come in later chapters.

Moreover, according to Swinton (2001:43), today’s society is guilty of forcing people into categories; it is people who decide who is normal or abnormal. In his view, categorisation is dangerous as it leads to discrimination, which eventually prevents persons with disability from fully participating in social and religious life. Swinton argues along the same lines as Goffman (1963), in that they both talk about assigning persons with disability with a particular identity, which is determined by society as abnormal. However, what differs in their approach is that Goffman addresses disability from a social dimension, whereas Swinton is theological; but their concept of stigmatization with regards to persons with disability, are similar. Reynolds (2008:63) also calls this type of categorization the “cult of normalcy”. Their concepts serve as a yardstick for this research to investigate the situation as it is in the Ghanaian context concentrating on stigmatization and the exclusion of persons with disability from theological education.

“Spirituality is not religion” (Swinton, 2002:31). One of Swinton’s strong points is caring for the spiritual needs of people with learning disabilities. As indicated earlier, Swinton has done a lot of research on intellectual learning disabilities and pastoral care. Even though he also writes on disability

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<sup>39</sup> See Galatians 3:28.



in general, he specializes in pastoral care and intellectual disability. However, most of his concepts are equally relevant and applicable to other forms of disability—this study focuses on those concepts. .

Moreover, Swinton argues that the meaning of spirituality has been misplaced by service providers to mean religion (Swinton, 2002:31, 32). This research does not concentrate on caregiving; however, the need for spirituality for persons with disability is important and relevant, this will become clearer in later sections of this chapter (see sections 3.9.4, 3.9.5, and 3.10). Persons with disability in other parts of Africa are completely cut off from the church community because of socio-cultural and religious constructions of disability. In fact, churches and theological institutions are all service providers, so this point is noteworthy here. Drawing on a study conducted by Swinton (2002:31), he concludes that persons with disability experience God in a profound way, which gives them a sense of security. In addition, service providers do not even consider the spiritual dimensions of the lives of persons with disability so they do not make provision for it. Also, there is the fear of being caught up in religious patterns; this is where religion is confused with spirituality. Notwithstanding, spirituality can also be expressed in a religious context. Service providers do not have adequate training for this dimension of their service. According to Swinton (2002:29), spirituality is a fundamental human need as well as a right; therefore, persons with disability cannot be denied full access to spirituality.

Swinton also links spirituality to social justice which is a strong point for this study as mission must be holistic providing social justice to the marginalised as indicated by Bosch (1991:400), and Bevans & Schroeder (2004:61) in Type C theology and mission. This is relevant to this research in the sense that equity and access to the churches and theological education for persons with disability in Ghana is granting them the needed access to their spirituality where they can find liberty to experience God and fellowship with others who do not have a disability.

Although I agree with Swinton to a large extent, I somehow disagree with his statement that the main task for the church is not to review theologies and practices but to find better and acceptable ways of inclusion.<sup>40</sup> However, he seems to contradict himself when he calls for changes in worship patterns and structures in order to accommodate persons with disability. In essence, he concludes that it is important for churches to accept persons with disability as they are and find meaningful ways to include and

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<sup>40</sup> Swinton, J., (2001:41), "From the perspective of the church, such an understanding manifests itself in assumptions that its primary task in caring for Stephen (a PWD) is to find ways of enabling him to develop the necessary skills to be able to function in a non-disruptive manner within the structures of worship and fellowship as they stand at the moment. The task of the church is not to change or rethink its theology or practice in response to Stephen's needs, but simply to discover ways in which he can be made to fit within the church structures as they are at the moment. The problem is his, and the church seeks ways to respond to the immediate particularities of his difficulties".

integrate them in their ministries. Even though he is of the view that church patterns must be modified to include persons with disability (Swinton, 2001:42).

Moreover, Swinton seems to be vague and indirect when addressing changes needed in church policies and practices, but focuses more on the acceptance of persons with disability as they are. This study on the other hand focuses on social and theological factors that act as antecedents to the stigmatization/discrimination and exclusion of persons with disability in theological education; meaning that these factors include practices, praxis and patterns, and probably structures too that need to be reviewed and modified. Coming from Bosch's missiological perspective that proposes transforming mission (Bosch, 1991: xv), I am of the opinion that there should be transformation of any exclusive church praxis, as well as that of theological institutions, in order to grant equity and access for persons with disability in theological education in Ghana.

### **3.6.2. Disability and Image of God (*imago Dei*)**

One of the main issues that surface when disability theologians begin their arguments on disability and theology is the image of God (*imago Dei*). Even though different scholars view the *imago Dei* from various dimensions, this study is not another discussion on whether persons with disability are created in the image of God or not, as this has already been established by many disability theologians with reference to the creation story in the Scriptures. The point of interest here is to emphasize that persons with disability are also created in the image of God, hence the need for churches and theological institutions to consider reviewing any stigmatizing, discriminatory and exclusive attitudes towards them. In other words, why is it that persons with disability who are also created in the image of God are stigmatized and do not have equity and access to theological education in Ghana?

Disability theologians like Swinton (2001:25, 38) and Kabue (2011:21) attest that if God created humankind in the likeness and image of God, persons with disability are equally created human beings; therefore, they are also created in the image of God, despite their disability. According to Swinton, as mentioned above, persons with disability are created in the 'true' image of God so they must be accepted as they are and must not be discriminated against. However, he finds it problematic that disability theologians attempt to interpret what the image of God actually is in the light of the disabled God, body limits, assessable God and vulnerable God theologies, among others. He is of the opinion that human beings only know what God has revealed about himself, especially through Christ. Humankind is created in the image of God. It is not necessary if the image is disabled or not (Swinton, 2011:277, 281, 301). But I, on the other hand, argue that persons with disability must be given that opportunity to interpret God in ways that are liberating and emancipatory from the stigmatization they experience from Christian communities.



Prust<sup>41</sup> says that the task is to try to grasp why a human being created in the image of God has a disability. Disability is socially constructed and that disability has rendered persons with disability unable to fully participate in societal life. In the same light, if theology neglects the spirituality of persons with disability, this can also be disabling to their spirituality. Even though many disability theologians, i.e., Swinton (2001, 2008, 2011), Kabue (2011), Claassens (2013), Reynolds (2008), Creamer (2003, 2009), Möller (2013), Eeislund (1994, 1999) and Chataika (2009), among others, have made numerous attempts to research disability from a theological perspective. Prust (n.d.) maintains that many disability theologians have not considered the way persons with disability are also created in the image of God. Prust's stand on disability as a social construction supports Goffman's and Swinton's concept of the social construction of the stigma that is associated with disability, which is in line with the concepts of this research.

As a result of their exclusion from the ministry of the church, according to Longchar (2011:47), persons with disability are posing a question about creation and the image of God, i.e. whether they are not also created in the image of God? They are wondering how they can also contribute their gifts to the church and society. They demand that if their grievances are not heeded to, then theology cannot be seen as whole. They have rightly posed a relevant question but I am wondering if churches have been practically confronted with such questions; this is why this study is necessary because it attempts to pose the questions that persons with disability are asking to the relevant people in the Ghanaian context. Prust's argument that theology's neglect of the spirituality of persons with disability disables them spiritually complements Longchar's (2011:47) argument that if persons with disability are not included in the ministry of the church then theology cannot be seen as a whole. Is the mere knowledge of persons with disability created in the image of God enough to address the issue of exclusion by the church? If this is enough, then why are persons with disability stigmatized by many churches and theological institutions as well? I seek to pose and explore this question and many more in this study.

Galgalo (2011:32-40) in his article, 'Perfect God and imperfect Creation: In the image of God and Disabled,' reviews the diverse interpretations to the image of God and presents four views: traditional, substantive, rational and functional interpretations of the *imago Dei*. He concludes by proposing another view: the spiritual interpretation of the *imago Dei*. I use Galgalo (2011:31) as a point of departure to briefly look at the different interpretations of the *imago Dei* because his discourse is on the *imago Dei* and disability. Traditionally, the image of God refers to the popular Christian doctrine on creation where

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<sup>41</sup> Prust, J. Disability and the *Imago Dei*. [Online] Viewed from: <http://www.abdn.ac.uk/sdhp/index.php>. [Date accesses: June 2013].

humankind is created in the perfect image of God. Substantive interpretation of the *imago Dei* is traced back to the Church Fathers, more specifically, Irenaeus where he argues that humankind is created in both the image and likeness of God. ‘Image,’ meaning the divine nature of reason and freedom was breathed on Adam at creation. ‘Likeness,’ on the other hand, refers to the spiritual divine nature of inspiration that should mature humankind into the full likeness of God; this divine nature was lost at the fall of human. He finds this interpretation problematic, as he disagrees that humankind lost the spiritual nature, in that humankind always shares some nature of God. The third view is the rational interpretation, which can be traced back to Martin Luther where he sees the *imago Dei* as the rational and moral nature of God, which lost its originality at the fall; however, the residue can be restored by God’s grace. Galgalo (2011:38) concludes this interpretation stating that the image of God is what makes humankind valuable whether s/he has a personal relationship with God. The fourth interpretation of the *imago Dei* is the functional view where humankind is given dominion over other creatures and is supposed to govern them. Humankind in the image of God rules over other creatures. Galgalo (2011:38) sees this view as a more materialistic view of the *imago Dei*, and states that it is problematic and exclusive to persons with disability as they are normally seen as outsiders and are also limited by barriers that hinder them from performing certain roles.

Galgalo (2011:40) concludes by proposing a spiritual view of the *imago Dei*. He sees the biblical interpretation of the *imago Dei* as being limited. He says that the cognitive and volitive faculties of humanity that separates a person from other creatures as being superior should not be interpreted to mean their material and functional abilities but rather “as referring to the potential of these faculties and the essential spiritual characteristics of the human soul”. The image of God is the nature that “humanity shares with God and the constant (conscious or unconscious) search for God. All human beings must have the opportunity to a life of dignity, “to deny any human person the right to be and the freedom to pursue life in all its fullness, is to deny the image of God and to contradict what God intends humanity to become”. As indicated in the introduction of this section, this is just a brief look at the *imago Dei*; Galgalo has helped to summarize the various discourses on the *imago Dei* and disability. Not necessarily focusing on the interpretations of the image of God, the bottom line is that all human beings are created in the image of God, and so are persons with disability. The focus is to establish and emphasize that persons with disability are created in the image of God, therefore, it is imperative for Ghanaian churches and theological education to ensure that they are part of the embodied whole.

### **3.6.3. Disability and sin/curse**

Reflecting on disability from a theological dimension will be incomplete if the subjects of sin and curse are omitted. It is common knowledge in Africa as a whole, and Ghana specifically, that disability has been attributed to sin or an abomination by relatives or persons with disability themselves, which has incurred a curse on a family; this reflects the moral model of disability. This is established by disability experts in Ghana (Avoke, 2002:771; Baffoe, 2013:189; Slikker, 2009:14) but is further explored in this

current study by paying attention to different contexts as presented in the CMO in the Ghanaian society. This concept is particularly relevant to this study because as the study explores the way pastors and persons with disability themselves interpret disability in the light of sin/curse, it will delve into reactions and attitudes of the church that probably exclude persons with disability from equally accessing theological education in Ghana. Thus, it is important to recognize the interaction between socio-cultural and theological dimensions and implications of inclusion/exclusion of persons with disability in Ghana.

In the online blog, 'Heaven awaits'<sup>42</sup> the following statement is made: "A curse is the effective action of some power, distinguished solely by the quality of adversity that it brings. A curse may also be said to result from a spell or prayer, imprecation, or other imposition by magic or witchcraft, asking that a god, natural force, or spirit bring misfortune to someone". Sin is violating God's will and an abomination is any practice or ritual that is opposed to the moral requirements of a religion (International Standard Bible Encyclopaedia, 2006). Sin is mostly used in the Christian context, whereas abomination is used in the Ghanaian culture and traditional belief system to mean the same thing. In this research, sin and abomination are used interchangeably. The concept of linking disability to sin/curse means that a disability has been attributed to some spiritual influence or generational curse. This implies that people have a disability because either they themselves or their relatives or ancestors have committed an abomination; so the disability is a punishment from the gods or ancestors or a generational curse, which is inflicted on the family (Avoke 2002:771; Baffoe, 2013:189; Chataika, 2013:118; Shiriko, 2011:171; Slikker, 2009:14). This interpretation is mostly within the broader African culture, which also includes the Ghanaian culture. The thesis explores how this link between disability and sin/curse possibly influences the equal access for persons with disability in theological education in Ghana. As Shiriko (2011:170-174) notes, Africans would normally attach spirituality to almost every occurrence, meaning that there is a spiritual cause for everything, be it good or bad. Most African constructions of disability view it as a result of: a generational curse, the gods might be angry, refusal to perform a ritual to appease the gods, child born outside wedlock, taboo practices by pregnant women, laughing at a person with disability, reincarnation, among others. These socio-cultural constructions of disability lead to discrimination against persons with disability in society. The church has not been able to be separated from culture, since it is difficult to separate Christianity from culture. In the same fashion, Longchar (2011:48) states, "It appears like ethnic tradition has colluded with the scripture". Onyinah (2006:124) from Ghana affirms this notion by stating likewise, that Christianity "reinforces the 'primitive animistic' belief system". For this reason, it would be fair to conclude that the way

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<sup>42</sup> 4 kinds of curse. *Heaven awaits*. [Online]. Viewed from: <https://heavenawaits.wordpress.com/>. [Date accessed: October 2015].

disability is interpreted culturally in Ghana has silently crept into the church, which will be explored further in chapter five. This reinforces the use of the sociological-anthropological inculturation approach to contextualization for this study. This research investigates whether this concept of disability—as an attribute of a sin/curse—has had any influence on accessibility for persons with disability in theological education in Ghana.

As said by Githuku (2011:86) in an earlier section, the biblical account of the experiences of persons with disability has also contributed to the current stigmatization of persons with disability by many churches. If God will inflict a disability on people as punishment for their disobedience then Christians cannot be blamed for linking disability to a curse and/or sin. Most persons with disability in the Bible were demon possessed and got their healing when the demon/s were cast out. Longchar (2011:47, 50) also adds another dimension to this issue. For Longchar, the doctrine of sin and the creation of humanity has a role to play in the orientation of many Christians; hence, the stigmatization of persons with disability. The emphasis here is on the consequence of sin; that most Christians believe that disability is a consequence of sin and a punishment from God. Since sin has brought about imperfect creation, then disability is also a result of sin. He attributes the stigmatization and exclusion of persons with disability from most churches as a result of Christian theology. His view points back to what has been said in different sections of this research, that the belief system of many Christians has a major role to play in the exclusion of persons with disability. It is hard to find opposing views to those issues raised by many disability theologians as the causes of exclusion of persons with disability from social and religious life. These viewpoints will be discussed further in the data analysis of the subsequent chapters.

In the same way, Claassens (2013:55, 56), an Old Testament scholar at the Stellenbosch University, who has written on disability, argues that the Bible and religion have a part to play in challenging stereotypes (which connotes discrimination and exclusion) among persons with disability. Drawing on a number of selected biblical texts, she finds it problematic that disability has typically been linked to sin/curse/punishment. Claassens proposes a paradigm shift in religious framework and conversations on disability.<sup>43</sup> Her view strengthens those mentioned above, indicating that theological conversations

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<sup>43</sup> Claassens (2013:55) notes: “The Bible is not helpful in this regard. Religion has done more than its share in instilling and reinforcing negative stereotypes regarding disability. For instance, in Leviticus 21:16-23, several of the conditions that today may be classified as “disabled” are described in terms of the Hebrew word (*mum*) (“blemish”) that aligns with the idea that those who suffer from some sort of ailment or disability have restrictions placed on their ability to participate in cultic events. Moreover, the Hebrew Bible often uses language and imagery related to disability to denote some kind of negative quality. For instance, Isaiah 56:10 uses words like “blind” and “mute” as metaphors to denote the lack of leadership in Israel. But probably most disturbing is the way in which disability is used as a curse in biblical traditions. In Deuteronomy 28:28-29 it is said that God will punish the transgressor with madness and confusion of mind so that he/she will be like a blind person in the dark. This text is representative of the numerous texts in Hebrew Bible that draw a line between disability and sin, viewing disability as punishment of God. 55-66”.

and interpretations of disability also influence the exclusion of persons with disability from social and religious life, especially those that see disability as a result of sin/curse/punishment.

According to Onyinah (2006:122, 124), Ghanaians attribute disability to witchcraft or punishment from the ancestors, it seems that they have not considered any possible medical causes. The study seeks to explore how Christians, especially pastors and theological institutional heads, interpret disability, and whether their constructions have any influence on the equal accessibility for persons with disability in theological education in Ghana. This is necessary because most of the research that already exists has been conducted in other African countries. It is important that this research also explores the situation as it is in Ghana. Onyinah rightly stated that it seems many Ghanaians have ruled out the fact that there are other possible causes of disability, other than spiritual causes, either from witches or ancestors. Many scholars in Ghana and Africa as a whole attest that disability in these contexts is constructed as a curse/punishment from the gods or ancestors (Avoke, 2002:771; Baffoe, 2013:189; Chataika, 2013:118; Shiriko, 2011:171; Slikker, 2009:14).

Referring back to my own life experience as shared earlier on (cf. section 1.1.1.), even though there is a medical explanation for the condition of the family member who is born with a disability, it is a genetic problem but many pastors have linked it to a curse, which requires deliverance. Probably the sin factor is also there but they have not been bold to outrightly say that, since I have experienced them ministering to other people in this regard. They would usually say: “If you know of any sin that will hinder your deliverance, you must confess it now or it will be difficult for God to intervene”.

In essence, the concept of sin/curse as a cause of disability leads to the stigmatization of persons with disability as they are placed in a degraded social identity, as Goffman puts it. In the same way, this relates to Swinton’s (2001:43) concept of categorization. The link between sin/curse and disability connotes stigmatization, discriminations, and lack of participation/exclusion of persons with disability from social and religious life. This is discussed further in the chapters on data analysis.

### **3.6.4. Disability and faith/healing<sup>44</sup>**

Furthermore, one of the main themes explored in this study is whether some of the current trends, i.e. faith, healings, and miracle sermons being preached in numerous Ghanaian churches have any role to play in the churches and theological institutions’ inclusive/exclusivist attitudes towards persons with

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<sup>44</sup> For further reading see: Moller, E. (2013). ‘The experiences of people with disabilities in faith communities and suggestions to enhance their inclusion. Theology and disability: Changing the conversations in Disability,’ in Claassens, Swartz & Hansen (eds.). *Searching for Dignity: Conversations on human dignity, theology and disability*. Stellenbosch, Sun Media: Erna Moller reports on the experiences of persons with disability regarding accessibility, and perceptions on disability and healing.

disability. Moreover, how this influences the equal accessibility to theological education for persons with disability in Ghana will be further explored. In this regard, the interaction between the socio-cultural dimension of disability, which is perceived as a curse in the Ghanaian society, in addition to the theological dimension of faith and healing regarding disability is important. This is a dialogue between the perception of disability as a curse in the Ghanaian culture and how this may possibly influence the construction of disability in the Ghanaian Christian context. This will be further explored in the chapters on data analysis chapter (chapters four and five).

It is vital to address the church by looking at access for persons with disability in theological education in Ghana because it is hard to separate the church from the seminary. Theological institutions work in collaboration with churches; in other words, the church needs pastors and theologically trained workers to succeed. In most cases, the churches identify people with various gifts and callings and send them to theological institutions for training. In situations where people have gone for theological training on their own, they come back to work in the church. Not refuting the fact that some theological institutes are independent of churches, their work is to serve the church with equipped workers. Moreover, many seminaries have been started or belong to particular churches/denominations. It is appropriate and relevant to address certain practices of the church as well, as the church has a major role to play regarding theological education in Ghana.

The concept of faith/healing, associated with disability in the context of this study, implies that many Christians believe that persons with disability who are Christian must not continue to live with their disability. They are supposed to have faith in God and pray for a healing miracle. Thus, their continual state of disability is attributed to their lack of faith in God. There are different dimensions to faith, healing and miracles among Christians (Kabue, 2011:21). Some Christians see disability as a medical condition that needs a medical intervention—this reflects the medical model of disability. Others, most often who are Charismatics and Pentecostals believe that faith in God and healing prayers must bring healing to a person with disability, so that if a person with disability is not healed after such practices then it implies that s/he does not have enough faith (Gary, 2000).<sup>45</sup> There are others who take the middle ground, they pray for healing whilst simultaneously seeking medical intervention. Some also accept disability as a fact of life and just live with it without seeking any intervention, be it medical or spiritual. Yet there is another group that believes that the days of miracles are over so it is pointless to pray for healing. To others, God still heals but only according to his sovereign will (Wilson, 2014).<sup>46</sup>

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<sup>45</sup> Gary, D. 2000. 'What Really Hinders Healing' [Online]. Viewed from: <http://dianagrayministries.net/accessibility/index.html>. [Date accessed: June 2014].

<sup>46</sup> Wilson, A. 2014 [Online] Viewed from: <http://www.christianitytoday.com/ct/2014/november/god-always-heals.html>. [Date accessed: 28 February 2015].



In more recent times in Ghana, it is common to see many faith/miracle preachers on the airwaves preaching and praying for persons with disability for healing. This concept of faith and healing for persons with disability is relevant. I seek to explore what influence this has on the inclusion/exclusion of persons with disability in church life in Ghana and the implications on the accessibility to theological education. I argue that the way disability is constructed and perceived (as a curse) in the Ghanaian culture and traditional belief system has an impact on the attitudes of churches and theological institutions towards persons with disability. In other words, does the expectation for healing from faith/healing preachers hinder their inclusion in ministry in anyway? If persons with disability are cursed, then it is normal for churches to expect that the curse be broken in order to live a fulfilling life; hence the constant pressure for healing. This is discussed further in the analysis section of this study.

Christianity today reiterates faith and healing to such an extent that disability is viewed as unacceptable. It is also attributed to sin and/or lack of faith, which requires healing by faith. This is how Shiriko (2011:170-172) puts it, he makes reference to the general common knowledge of the African socio-cultural dimension of disability—that nothing happens without a spiritual cause. This can be likened to the old African adage: “There is no smoke without fire,” implying that there is a spiritual force somewhere controlling everything, be it fortune or misfortune. Shiriko complements my personal experience: having a family member who is a person with disability, although the disability is not so obvious, the family has endured negative attitudes from Christians in general, and church members in particular, especially fellow pastors. The first reactions upon seeing a crisis situation is usually: “You have to trust God for healing,” “you need to have more faith in God,” “this is unacceptable and not your portion as a child of God, you have to refuse it,” “you have to go for deliverance,” and so on, accompanied by all the faith/healing quotations from the Bible that come to mind. Then my family doubts, wondering if we have not trusted God enough, nor prayed enough. Do we lack faith? Situations such as these are oppressive and condemning; the stigma that is attached to disability is quite obvious during such experiences. The main issues here are: the stigma that is associated with the disability, how Christians (including pastors) interpret and construct healing and disability, and whether their construction affect the equal inclusion of persons with disability in theological education in Ghana, or not.

Samuel Kabue (2006:122), the coordinator of the Ecumenical Disability Advocate Network (EDAN), which is a decentralized programme of the World Council of Churches (WCC), narrates his story as a blind person: how he became blind at the age of sixteen and how it was so difficult for him to accept his current state as a blind person. Christians who were close to him did not make things any easier for

him, by their constant reminder that “God owed (him) a cure”. For quite a while, he believed that he would be healed; and then in time, came to accept his reality. Kabue may have shared his story on different occasions but this particular account is after his thirty-seven years of blindness. If Kabue experienced this kind of pressure from the church back then, how will it be in our present day when it is common knowledge that the majority of the preachers on the airwaves are continually preaching about faith, healing and miracles? This is one of the questions I seek to answer in this research.

In this regard, Shiriko (2011:170-173) rightly formulates it stating that they are not normally hesitant to link disability to demonic influences, which requires prayer for deliverance and healing (“there is no smoke without fire”). This study seeks to explore these and other factors that impact on the inclusion/exclusion of persons with disability from theological education in Ghana. Kabue (2006:113) believes that God can heal but only according to his sovereign will and timing, and that persons with disability encounter embarrassing situations at crusades when they attend programs for spiritual nourishment, it is taken to mean that they have come for healing. When a miracle does not occur then it means that the person with the disability has insufficient faith.

Kabue (2006:113) continues his narrative by sharing his experience at a general meeting of persons with disability (which included blind and Deaf persons, as well as persons with a physical disability—precisely the disability group represented by this study) found that a large number did not attend church because of the humiliating experiences they had been subjected to by some churches. Some of their experiences were as follows: in some cases the pastor would change the sermon and preach about God’s mercy towards persons with disability, healing, and disability being the result of a generational curse. These and other experiences prevented them from going to church because they attended services mainly to worship, and not for healing. Although these real life experiences are from the Kenyan context, most global experiences of persons with disability are very similar. These narratives are relevant to this study as they draw on people’s experiences to establish some of the general attitudes of many churches towards persons with disability. In later sections of this study, persons with disability from Ghana also share their experiences. From these narratives, it is obvious that the attitudes of many churches have not enhanced the total inclusion of persons with disability in their ministries and activities. All these persons with disability had at one time or another received prayer for healing, but was not healed. In turn, their lack of healing was attributed to them having insufficient faith. There were also instances where the person’s disability was not so severe, where they testified to receiving a healing miracle only to realise later on, that nothing actually happened. They maintain that God heals these days through medical science, so medical science should be supported and improved for the plight of persons with disability. This is in conflict with the way persons with disability interpret disability in the social model. Swinton on the other hand, sees disability as a phenomenon that needs no intervention; it must be accepted and lived with. He does not necessarily suggest that persons with disability must not have



faith in God for miracles but argues that disability ‘needs no healing;’ the pressure on persons with disability to have faith in God for healing is a spiritual extension of the medical model of disability, which sees disability as a condition that needs an intervention. What is interesting to note is that persons with disability who have frequently accused medical workers of adding to their disability because of their view that it as a problem that needs an intervention, came up with the social model of disability, which sees structures and practices of society as rather disabling, seem to depend a lot on medical interventions. Swinton (2001:47-48) sounds a bit firm when he says disability ‘needs no healing’. Though Swinton states that he is not suggesting that persons with disability should not have faith in God, this is how many people would understand it. I do not rule out the healing power of God but what I find problematic is the way many preachers put pressure on persons with disability—that they need to be healed. Just as Swinton puts it, it is important that churches do not condemn persons with disability but must find meaningful ways to make their ministries accessible to them. This is discussed further in chapter five.

Phitalis Masakhwe (2011:111-114), in his article titled, ‘The Church, Public Policy and Disability concerns in Kenya,’ as a person with a physical disability also shares a similar experience as those mentioned above, but adds an interesting encounter. When he was in college, a renowned world evangelist came to their town, so their school administration sent the students to the crusade for healing. None of the teachers went with them except for the driver; they made sure they were as close to the evangelist as possible. To cut a long story short, none of them were healed after a week-long program. He then heard one of the teachers saying that they did not receive their healing because they lacked faith. Similar to what has been stated already, it is evident that many Christians in Africa link the continual state of disability to a lack of faith because the normal belief is that they should be healed after they have been prayed for, as it happened many times in the Bible.

Githuku (2011:86-87), a contributor to the book titled, *Disability, Society and Theology: Voices from Africa*, does not excuse the church for their negative and exclusive attitudes towards persons with disability. Yet Githuku thinks that persons with disability in biblical times were equally excluded from social and religious life, citing examples from the Mosaic Law where persons with disability were generally excluded, as well as from some priestly duties, and where God inflicted disability on people as a punishment, amongst others. Most of persons with disability encountered in the Bible required healing, and in most cases, this took place. Githuku believes that these examples could account for much of the stigmatization of persons with disability by many of the churches in Africa. He also echoes that even though persons with disability encountered stigmatization in biblical times, God did not leave them alone; their plight was taken care of by the law. Cruelty towards persons with disability was unacceptable to God. Githuku shares with Claassens (2013:55) as well as others, the view that biblical accounts of disability have also contributed to the exclusion of persons with disability from society.

Githuku (2011:93) is consoled by the fact that Jesus Christ reinterprets disability by linking it to the glory of God to be manifest.<sup>47</sup> He agrees with Kabue (2006:113) that not all persons with disability were healed in the Bible. However, he argues that the sacrifice of Christ renders every discrimination against persons with disability in the Old Testament ineffective, which allows persons with disability to fully participate in church life. His perspective favours the inclusion and integration of persons with disability in the church.

In his article, 'God's Grace, Healing and Suffering,' Opoku Onyinah (2006:122, 124), the current General Apostle for the Pentecost Church of Ghana, offers some important perspectives on Pentecostalism and healing from the Ghanaian perspective. Similar to Githuku (2011:86), Onyinah argues that the current discrimination and marginalization of persons with disability by many churches in Ghana cannot be separated from those in the Bible. God presents himself as the Mighty Healer; the ministries of Jesus Christ, the apostles and the prophets were all substantially backed by healing miracles. However, the current trend of Pentecostalism is worrying, as the belief system does not allow a place for disability in the church in Ghana. Onyinah also agrees with Kabue (2006:113), and others, that Jesus did not heal every person with disability that came his way but goes further to link the Old Testament healing to covenantal obedience, where obedience to God's commandments resulted in good health and healing, and vice versa. He says that, in Ghana, not only Pentecostals but other churches as well, also pray for healing not only because it is biblical but because this is rooted in the African worldview, which "reinforces the 'primitive animistic' belief system". His submission strengthens what has already been said above. The high expectation for healing miracles, which is rooted in the Ghanaian religious society, is also further explored in this research to see if there are any implications on accessibility to theological education for persons with disability. This study explores the situation as it is in Ghana in more detail in the other chapters. However, this serves as a brief reflection of the negative and exclusive spiritual environment for persons with disability. These perspectives are analysed further in the chapters on data analysis.

### **3.7. Disability and theological education**

In simple terms, theological education is the training that pastors and church leaders undergo at seminaries, theological institutions, Bible colleges, etc., to equip them serve in the church as professional pastors and church leaders. This training also enables them to work in the academic field and society as a whole. Theological education is necessary for pastoral ministry because seminary students receive expert practical and academic training, which renders them fully prepared for ministry

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<sup>47</sup> (John 9:1-3) is discussed above: Central biblical texts on disability and stigma.

(Annandale & Carter, 2014:84). However, some Evangelicals, Pentecostals and Charismatics are anti-intellectualists who believe that theological education is not needed for anyone to enter into pastoral ministry because the Holy Spirit is able to use anyone who is available for God's use (Wellum, 2010). Annandale & Carter (2014:83) carried out a study on disability and theological education in the North American context. Their focus was more on curriculum and physical access, and they used a web-based survey method to obtain their data, with respondents being limited to deans and administrators of theological institutions. Their research differs from this one in terms of context, methodology and approach.<sup>48</sup>

This study is not another review on whether theological education is necessary for pastoral ministry or not, as I am in agreement with the view that theological education is necessary for pastoral ministry. Instead, this study focuses on the importance of theological training for persons with disability in Ghana, and how to grant them equal accessibility to theological education. This research explores how the different groups of participants (i.e. pastors, theological institutional heads, persons with disability, and disability experts) interpret disability, formulate their constructions (other social and religious factors are also considered), and then considers the possible influence these have on the inclusion/exclusion of persons with disability in theological education in Ghana.

The priesthood of persons with disability in the church context is a debateable issue. Some Christians believe that persons with disability should not become pastors and/or church leaders, as they may not be able to carry out the demanding ministerial tasks due to their disability. Others argue from the theological point of view that persons with disability were exempted from the Levitical high priesthood, and therefore cannot be included in church ministry now. There is yet another group who believes that persons with disability can and should be included and integrated into the pastoral ministry, regardless of their disability. The latter group mostly consists of persons with disability themselves, disability advocates and disability theologians (Mombo, 2011:165, 166). I concur with the latter group and maintain that persons with disability must be given the opportunity to be involved in pastoral ministry. The finished work of Jesus Christ on the Cross of Calvary has brought freedom to everyone regardless of who they are, to equally access God and to worship and serve him in anyway. Swinton (2001:25, 47) says, the common factor is that persons with disability are also created in the true image of God; persons with disability who are Christians have Christ in them so everyone is equal before God. God can also

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<sup>48</sup> Annandale, N.H. & Carter, E.W. (2014). 'Disability and Theological Education: A North American Study,' *Journal of Theological Education*. Vol 48(2), 83-102. The survey focused on: 1). To what extent is disability addressed within the theological education curriculum? 2). What factors might hinder or support addressing disability within theological education? 3). To what extent are people with disabilities present and participating within various aspects of theological education? 4). How confident are theological leaders in the preparation of graduates to include people with disabilities in congregational life?

use persons with disability in pastoral ministry. This research explores the way persons with disability, pastors and theological institutional heads in Ghana interpret the priesthood of persons with disability. This will enhance investigations into how to grant accessibility to theological education for persons with disability.

Phiri (2009:107-113) has pointed out major challenges for African women theologians in theological education. She emphasises issues of discriminations and exclusion of women in theological education as a major challenge. Even though she touches on how the Circle of Concerned African Women Theologians<sup>49</sup> have made strides in giving opportunities to members to train on HIV/AIDs, I would have wished that she had also considered the plight of women with disability in theological education. This suggests that although Phiri (2009) advocates for inclusivity, it seems disability has not been a major concern.

The rest of this section introduces a number of case study narratives of the experiences of persons with disability regarding theological education, as reported by Esther Mombo (2011:163-166) in her article titled, 'Society and Leadership: Opportunities for People with Disabilities'. These narratives are helpful in depicting the exclusive attitudes of many churches and theological institutions towards persons with disability, as well as their stigmatization. According to Creswell (2012:465), a case study is an in-depth study of an event, activity or individual, and may involve single or multiple elements. It is to obtain this in-depth critical description and analysis of the accessibility for persons with disability in theological education in Africa that I consider the use of case studies as necessary for this part of the study. According to Mombo (2011:156), even though society is gradually accepting persons with disability in leadership roles, the church has not yet done so.<sup>50</sup>

#### Case One: TECS 1<sup>51</sup>

A man, who is blind, wanted to "join the ordained ministry, he was denied a chance at college". His local church did not support him in any way, be it financially or by recommendation. After his university education, he tried a second time but was still unsuccessful, as the church could not guarantee that he was fit for ministry (Mombo, 2011:163).

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<sup>49</sup>Phiri, I. A. (2009: 106): "The Circle is a community of African women theologians who come together to reflect on what it means to for them to be women of faith within their experiences of religion, culture, politics and social-economic structures in Africa. 'The Circle seeks to build the capacity of African women to contribute their critical thinking and analysis to advance current knowledge using a theoretical framework based on theology, religion and culture. It empowers African women to actively work for social justice in their communities and reflect on their actions in their publications.' The inspiration of having a Circle is attributed to Mercy Amba Oduyoye, who is the main founder of the Circle."

<sup>50</sup> Although Mombo uses the real names of the individuals, their names are withheld.

<sup>51</sup> Theological Education Case Study 1.

## Case Two: TECS 2<sup>52</sup>

A 25-year-old woman with a physical disability wanted to study theology but her family was not supportive, instead, they decided what course she must study. So, she went ahead and did that course. She needed a recommendation from her church in order to pursue theology but she was refused. She heard of another university she could apply to. She was given admission but neither her family nor the church would support her financially even though the family could afford the expense. She ended up staying at home for a semester.

The university was about to offer a course in disability the next semester so they thought her presence would be a good idea. They followed up with her but could only grant her partial scholarship and placed the responsibility of her accommodation on her family. Interestingly enough, when she was about to start her theological training, her father requested from the school that he would rather pay for her to take a business course. The school authorities were amazed but insisted that she should take the course, which she was registered for.

At the university she faced a lot of difficulties, especially with regard to accessing facilities, e.g. the computer laboratory and the library. The university had to adjust some of the facilities as well as her room in order to make her more comfortable. She was able to integrate well but often felt left out because she was excluded from activities because of her disability (Mombo, 2011:163-164).

Mombo (2011:165-166) writes with following concerning these cases:

1. Persons with disability are also called by God to do ministry.
2. The church is not supportive of theological education for person with disability in terms of both financial support and recommendations.
3. Most families of persons with disability are also not supportive of theological education for their relatives who have a disability.
4. She then poses the question of whether theological institutions that are ready to admit persons with disability are really accessible.

Mombo (2011:167) concludes that theological institutions are not accessible to persons with disability because the church has a problem of accepting them as ministers, and is therefore reluctant to provide any support. She states that many churches still hold to the exclusion of persons with disability from the Levitical priesthood in the Old Testament. Also, cultural beliefs and social constructions of society have a major role to play in the discrimination of persons with disability in theological education.

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<sup>52</sup> Theological Education Case Study 2.

These cases are relevant to this study as they shed more light on the real situation persons with disability face regarding theological education. Chapter five will report mainly on the situation as it is in the Ghanaian context. What is already evident is that the church is negative towards the priesthood of persons with disability and is unsupportive in most cases. It is hard for a theological institute to admit a student who is not endorsed by any church. Even if there is no sponsorship from a church, a recommendation is required for the admission of a self-sponsored student, as the testimony from the church will give the school the assurance that they are training a responsible leader in the making, who is also loyal to a church.

Furthermore, it must be noted that God in his sovereignty calls whomsoever he wills, and no person or institution has a right to hinder anyone from answering God's call. Unfortunately, this is the plight of many persons with disability, where they are prevented from heeding the call of God upon their lives. This research also investigates the situation as it is in Ghana.

However, from these stories it is also evident that most families are not supportive of theological education for their relatives who live with a disability. It is common knowledge that most families of persons with disability do not offer the support needed to help them pursue their various ambitions in life; theological education cannot be an exception. According to Shiriko (2011:175), the presence of a person with disability in a family brings that family social pressure and discomfort. Their reactions towards their relatives with disability are denial, anger, adaptation, re-organization and overprotection. It may be for this reason or for the reason of overprotection that some parents do not allow their child with disability to access theological education. They may feel that it is better that they act first in order to prevent public rejection. These attitudes indicate the stigmatization that persons with disability experience. If relatives do not see anything wrong with persons with disability, they will allow them to explore life to the fullest in order to identify their God-given talents and calling.

The last issue Mombo (2011:167) addresses is a question relevant to this research: "How accessible are theological institutions to persons with disability?" This is one of the main questions that this study seeks to explore but within the Ghanaian context. In the case above, although the university granted the woman with disability admission, most of their facilities were inaccessible. However, the positive thing is that the university was prepared to do the necessary modifications in order to accommodate her. This research is relevant as it focuses on the accessibility for persons with disability in theological education in Ghana.

### 3.8. Conclusion

Some relevant social and theological themes and concepts related to disability were conceptualized in this chapter, with a particular focus on Goffman's theory of stigma. Other significant interpretations of disability and stigma were also noted. In addition, Swinton was used as a point of departure to discuss a number of theological disability themes and concepts. A narrative approach to the literature was also adopted to review related themes in the African context.

This chapter can be summed up as follows: Firstly, it was established from the literature that persons with disability experience stigmatization and are categorized into a degraded social identity. This is because society determines what is normal or abnormal; hence, disability is often perceived as abnormal accounting for the stigmatization persons with disability experience in society. Secondly, drawing on the discourse on stigmatization as discussed in this chapter, it was argued that persons with disability are disqualified from fully participating in societal life. Thirdly, it was noted by Swinton and other disability theologians, that persons with disability are created in the true image of God and must therefore be valued and respected for who they are. Fourthly, it was indicated in the literature that disability has been linked to sin/curse/punishment from the gods; therefore, persons with disability experience discrimination, which prevents them from fully participating in society. These points will inform the data analysis in subsequent chapters.

The findings indicate that cultural and religious constructions of disability do have an influence on discrimination, lack of participation, and persons with disability being excluded from societal life. Furthermore, it is also noteworthy that persons with disability experience tremendous pressure from preachers who view healing as a necessity, and see their disability as requiring exorcism. If healing does not occur, they are often regarded as lacking faith.

Regarding theological education, a number of Mombo's (2011:65-67) case studies were reflected upon. It was established that God does call persons with disability to the ministry but that the church is not supportive of theological education for person with disability in terms of both financial support and recommendations; the same is true for their families. A question posed by Mombo was also found to be relevant for this study. She asked whether theological institutions that are ready to admit persons with disability are really accessible.

Lastly, reflecting on disability from the theological dimension, Swinton argued that the spirituality of persons with disability is under-researched; this indicated the necessity for this study. It is also an innovative study, pioneering the subject of persons with disability and theological education in Ghana. The following chapters explore this situation further.



## **CHAPTER FOUR**

### **Data and analysis - Lack of participation and exclusion of persons with disability in Ghana**

#### **4.1. Introduction**

The beginning chapters of this dissertation discussed the main problem, purpose, themes, theoretical framework, as well as methodology and research design of this study. Chapter four and the subsequent chapters will present the data, data interpretation and analysis, after which I will conclude the dissertation by drawing conclusions and formulating recommendations to enhance accessibility for persons with disability in theological education in Ghana. Chapter four begins with an explanation of the methodology implemented in this study and the mode of data analysis. Thereafter, a general description of the codes and themes as managed and organized in ATLAS.ti will be presented. The following sections highlights different aspects of the data and analysis regarding the lack of participation and exclusion of persons with disability from the Ghanaian society.

It is evident that the Ghanaian culture and traditional belief system influences societal attitudes towards persons with disability (Baffoe, 2013:187; Slikker, 2009:14-15). Field data and analysis depict the influence of the Ghanaian socio-cultural construction of disability on the lack of participation and exclusion of persons with disability from society. This encompasses the social aspect of the study, which will be explored further; it will also be evaluated and linked to theological factors concerning access to theological education for persons with disability in Ghana. As indicated in the research question, this study addresses the relationship between social and theological factors that act as mechanisms for equal accessibility for persons with disability in theological education in Ghana. This research has sought to answer the question: “How and why the cultural religious resources mediate the relationship between stigmatization and exclusion of persons with disability from theological education in Ghana?” This also constitutes a dialogue between the Ghanaian socio-cultural and Christian contexts reflecting a sociological-anthropological inculturation.

#### **4.2. Data analysis methodology**

With regards to the methodology, I consider a qualitative content analysis of the data to be particularly appropriate for this phase of the study. The ATLAS.ti software program is used to organize and manage the data analysis, and Swinton and Mowat’s (2006:95) framework for theological reflection. This is the framework that I will use for the data analysis, and within this framework, the CMO configuration approach (Pawson & Tilley, 2005:365) to contextualization can be found. The general concept used for



analysis is sociological-anthropological inculturation theology; it is not separated from the initial concepts of stigma and *missio Dei*, or Swinton's concepts, which was presented in an earlier chapter. In essence, the framework for the data analysis is as follows:

1. Content Analysis (Constant Comparative Method: CCM).<sup>53</sup>
2. ATLAS.ti (from descriptive to thematic coding).
3. Practical theological reflection (Swinton & Mowat, 2006:95).
4. CMO-configuration-pattern (Pawson & Tilley, 2005:365).
5. Concepts and theories: Goffman (stigma), Swinton (disability), Ukpong (sociological-anthropological inculturation theology) and *missio Dei*.

ATLAS.ti is used to code, organize and manage the data and analysis. Data collected from the field will be compared to the literature and background study. Data on the experiences of the interviewees will be helpful to understand how society, Christian leaders and persons with disability construct disability, and to identify the effect of these constructions on accessibility for persons with disability in theological education in Ghana. Suggestions, especially by persons with disability and disability experts, will be useful in drawing conclusions and making efficient recommendations that will possibly enhance policy, practice, praxis, infrastructure, theologies, belief systems, and attitudes towards persons with disability.

ATLAS.ti<sup>54</sup> is a qualitative data analysis software program, meaning that analysis done using this tool is a computer assisted qualitative data analysis. Computer assisted/aided qualitative data analysis

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<sup>53</sup> Ratcliff, D. (n.d.). *15 Methods of Data Analysis in Qualitative Research*. [Online]. Viewed from: <http://qualitativeveresearch.ratcliffs.net/15methods.pdf>. [Date accessed: July 4. 2015]. There are several methods of qualitative data analysis (QDA) such as: typology, grounded theory, taxonomy, domain, analytical, quasi-statistical, hermeneutical and content analysis, amongst others (Ratcliff: Accessed on July 4. 2015). The type of QDA suitable for each research depends on the researcher and the nature, type and methodology of research. Content analysis was found to be useful in the data analysis of this study. Qualitative Content Analysis (QCA) is a systematic way of describing qualitative data. It involves flexibility and also reduces data, in that it is more focused on themes and frameworks unlike other types of qualitative data analysis, which opens up data. It is approached in both an inductive and deductive manner (Schreier, 2012:1-5). Within QCA, Constant Comparative Method (CCM) is also engaged in analysing the data. This approach to analysing qualitative interviews uses constant comparisons within a single interview, between interviews within the same group, and a comparison of interviews from different groups. This is helpful in finding patterns of commonalties and differences in the data (Boeije, 2002:395). That is, interviews from the same groups, like persons with disability are compared, in certain cases, interviews of the different groups of participants are compared (persons with disability, pastors, theological institutional heads and disability experts), and sometimes, a single interview is analysed in comparison to theories, concepts and questions posed in the study. It must be noted that a comparison does not follow any particular pattern but is engaged where necessary.

<sup>54</sup> ATLAS.ti is the acronym for Archiv für Technik, Lebenswelt, AlltagsSprache (Archive of Technology, Lifeworld and Everyday Language in Friese, 2014). ATLAS.ti does not necessarily do the data analysis but it is helpful in coding and creating relations, groundedness and frequencies for qualitative data. It makes it clearer and easier to manage and analyse qualitative data. The use of the software entails two phases: descriptive level analysis and conceptual level analysis. The descriptive level analysis is the initial stage of coding where main themes are developed from the data. The latter is the stage where data is already coded, so the "aim now is to look at the data from the perspective of the research questions by approaching them from a different angle. This means asking

software (CAQDAS) offers a more effective and efficient way of analysing qualitative data. There are several types of CAQDAS, such as Aquad, Cassander, Coding Analysis Tool, ELAN, QDA, MAXQDA, ATLAS.ti, and others (MAVQDA).<sup>55</sup> I use the ATLAS.ti program because it is the most commonly used CAQDAS at the Stellenbosch University, where this research study is conducted.

In addition, Swinton and Mowat's (2006:95) framework for practical theological reflection is used as the model of analysis for this research. As mentioned previously, Swinton and Mowat are practical theologians; Swinton is well researched in theology, disability and pastoral care and his concept/s of disability are used as the point of departure for theological reflection on disability in this study. Furthermore, their framework was selected because both disciplines—practical theology and missiology—focus on praxis; it is therefore ideal for the kind of research and methodology employed in this study.

As indicated in previous sections, Pawson and Tilley's CMO configuration framework is also partially used in the data analysis. These scholars propose that the best way to do evaluation research is to do a realist evaluation that is theory based. In realistic evaluation, "The basic question asked, and hopefully answered, is thus multi-faceted. Realist evaluations asks not, "What works?" or, 'Does this program work?' but asks instead, 'what works for whom in what circumstances and in what respects, and how?'" (Pawson and Tilley, 2004:2). To enhance decision-making, evaluators must endeavour to answer the question of 'how' outcomes were caused due to contextual influence. In other words, there are causes and effects based on the context of every situation evaluators seek to investigate. In each context, people respond to resources in different ways. Therefore, Pawson and Tilley's (2005:365) context–mechanism–outcome (CMO) configuration, also abbreviated as CMOC, is a useful approach to evaluate how the Ghanaian traditional belief system and culture influences social and religious attitudes towards persons with disability, and how this may further influence access to theological education for persons with disability in Ghana. The focus is on the cause and effect relationship between socio-cultural and theological factors that influence equal accessibility to theological education for persons with disability in Ghana. Therefore, this is to some extent, a realistic evaluation of how cultural religious resources in the Ghanaian culture and Christian context trigger the responses of stigmatization and exclusion. The CMO configuration is used as the main structure for realist analysis. The CMO-configuration-pattern reflects the questions that are posed by Wuthnow (1987:10-11; 1992:37) and Luzbetak (1988:72-79) in cultural research, and by Kritzinger (2008:764, 767, 769) in the pastoral/praxis cycle. So it becomes a

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questions using various analytic tools like query or concurrence tools and table outputs that the software provides" (Frieze, 2014:17-18). The ATLAS.ti qualitative analysis tool is used because of its usefulness to bring clarity regarding relations, frequencies and groundedness of qualitative data, which is quite complex without the use of a computer assisted analytical tool.

<sup>55</sup> MAXQDA. 'What Is Qualitative Data Analysis Software?' [Online]. Viewed from: <http://www.maxqda.com/qualitative-data-analysis-software>. [Date accessed: 1 July 2015].

suitable and relevant tool for this study. The CMO configuration is an approach used to evaluate the responses, perceptions and constructions of disability within the Ghanaian culture and traditional belief system regarding stigmatization and exclusion of persons with disability from theological education. The question that needs to be answered here is: “How and why cultural religious resources influence the stigmatization and exclusion of persons with disability in accessing theological education in Ghana?”

The CMO configuration is applied as follows:

- i. Context: Ghanaian society, Ghanaian culture, churches, theological education, categories of participants—persons with disability, pastors, disability experts and theological institutional heads.
- ii. Mechanisms: Attitudes towards persons with disability, accessibility to churches and theological institutions, cultural perceptions and constructions of disability, healing, faith sermons and biblical interpretations of disability.
- iii. Outcomes: stigmatization, lack of participation and exclusion of persons with disability from society/churches/theological education.

It was already established in chapters two and three that persons with disability in Ghana experience discrimination and marginalization by the society. This research study takes this one step further by asking how the Ghanaian socio-cultural constructions of disability influences access to theological education for persons with disability in Ghana. The CMO assists in answering the questions posed in the intercultural and interreligious theological research, as proposed by Wuthnow and Kritzinger, among others. More importantly, realistic evaluators want to see change, which is along the same line as Bosch (1991:xv), Kritzinger (2011:52) and Bevans and Schroeder’s (2004:36, 61) concept of transforming mission. It must be noted that realist evaluation is not employed in its entirety, but CMO is mainly used to evaluate the cause and effect of stigmatization and the exclusion of persons with disability from theological education in Ghana. Within this framework, missiological concepts on sociological-anthropological inculturation theology are further considered to enhance the data analysis. The following section provides a brief explanation of inculturation theology and how it is applied in this study.

#### **4.2.1. Inculturation: a relevant approach to disability discourse**

In Bosch’s (1991: xv) view, mission must not only describe the situation but must also bring about transformation. I, being a missiologist, agree with Bosch in this regard. It is not enough to identify the impact of the social and theological factors on access to theological education for persons with disability in Ghana. It is also relevant to seek transformation of any education exclusive praxis of the church and/or theological institution, to ensure accessibility. According to Bosch (1991:420-421), Ukpong

(1987:163-168; cf Schreiter, 1985:6-16; Waldensfels, 1978) identifies two existing models of contextualization: the indigenous and socio-economic models. The indigenous model can be described as translation or inculturation; while the socio-economic model can be described as “evolutionary (political theology and theology of development) or revolutionary (liberation theology, black theology, feminist theology etc.)”. However, he said, “In my view, only the inculturation in the first type and only revolutionary model in the second qualify as contextual theologies proper”. It is important to note that disability theologies are also among the liberation theologies (Bosch, 1991:421). According to Küster (2003:73), coming from an intercultural theological perspective, religions are pluralistic and are either related in a way or influenced by one another. People within different religious contexts “construct their religious identities over and over again,” based on “their life stories and the continuous changing context”. He talks about the theology of dialogue where there is the need for dialogue between Christianity and other religions to obtain a better understanding of other religious practices. He calls the theology of dialogue in the African context—inculturation. Küster (2003:171) maintains that mission is in constant contact with culture and is concerned with how Christ is preached in such cultures. And that context is very relevant in inculturation (Küster, 2005:421). Although there are various interpretations of inculturation, I mainly follow Küster’s interpretation above, as a dialogue between Christianity and other religions/cultures to make sense of a situation. This reinforces my use of the Ghanaian cultural perception of disability as a curse, which is embedded in the traditional religion as a tool to explore any stigmatization and exclusion of persons with disability from Christianity, and specifically, theological education in Ghana. Tlhagale (2004) also explains inculturation as the use of the African culture as a tool to communicate Christianity in such a way that brings purified meanings and interactions between Christian truths and African cultural practices. As indicated in section 1.6.1, Bevans and Schroeder (2004:34) pose this sixth question among the constants in context as: “What is the value of human culture as the context in which the gospel is preached?” I mentioned in section 2.2 that the Ghanaian culture serves as both a resource and the context in which this study is explored. Bevans and Schroeder (2004:34) link the constants in context to participation in the *missio Dei*. I have also indicated that I follow their Type C theology: Mission as commitment to liberation and transformation, which places an emphasis on culture. In this regard, I seek to explore any influence that the Ghanaian culture may have on stigmatization and the exclusion persons with disability may experience regarding accessibility to theological education in the Ghanaian context.

Various terms describing the encounter of the Gospel in the African context have preceded the term inculturation; terms like adaptation, acculturation, enculturation, contextualization and indigenization have been used (Mawusi, 2009:56-62). But the term inculturation is the more recent trend within the field of missiology. Tracing its roots to the Catholic tradition, especially the Jesuits, it has been embraced by Protestants and missiologists in Christian mission. I follow the interpretation of inculturation as how the gospel can interact with culture. A double movement is thus suggested:

“inculturation of Christianity and Christianization of culture” (Bosch, 2014:465). Although the intention is not just to accept any cultural practice within the Christian set up, nor to impose Christianity on culture, there is however the danger of tension between Christianity and culture. Oduyoye (1993:110) also acknowledges two way inculturation as stated above, she affirms culture and other religions as relevant contexts regarding theological education in a Ghana. This concept is taken into consideration when investigating any influence the Ghanaian culture and traditional belief system has on stigmatization and the exclusion of persons with disability from social and religious life. Reflecting on the link between the gospel and culture, Bosch (2014:297-304) highlights how early missionaries imposed their Western culture on the third world as Christianity without making any compromise with the traditions and cultures of the indigenes. In this research, the approach is from a contrasting perspective, not focusing on any Western or foreign culture but strictly on the indigenous Ghanaian culture and traditional belief system pertaining to disability and the implication on accessibility to theological education in Ghana.

It is worthy to note that Kanyoro (2002:23) from a feminist cultural hermeneutical perspective is of the opinion that theology must not only focus on intellectual aspects but also take into account experiences of people (women) within particular religious, historic and geographical contexts. Kanyoro (2002:24) stresses the need for experiences of women to be considered in theological discourses. This has been presented in chapter three regarding disability and theological discourse (cf. section 3.3.3, section 3.3.1). She proposes storytelling as a relevant approach to inculturation in addressing discrimination and exclusion of women in theological reflections. I share similar opinion with Kanyoro but mainly from a disability dimension, focusing on the influence of the Ghanaian culture on the accessibility to theological education for persons with disability.

In this sense, Wuthnow (1992:37) maintains that culture and religion (Christianity) influence each other. Furthermore, Ukpong (1999:100-108), who is a Catholic priest and a professor of New Testament, clarifies that:

Inculturation theology is a new way of doing theology that seeks to interpret the Christian faith from the perspectives of the socio-cultural contexts and historical life experiences of different peoples, and to challenge society with the gospel message. It is not a separate theological discipline, although the impression is often given that it is an aspect of systematic theology. It is, rather, a hermeneutic process that cuts across all theological disciplines. At bottom, it is concerned with how to understand, express and live out the Christian faith in particular historical socio-cultural contexts.

Ukpong (1999:100) cites the way Paul interprets Christianity in the Gentile cultural context: “whereby he propagated the gospel of non-circumcision for Gentile Christians, (as we see in the letter to the Galatians) is an example of inculturation theology in early Christianity.” Ukpong (1999:101) attests that inculturation has been approached in Africa from two main perspectives—philosophical and

anthropological inculturation theology. Philosophical inculturation theology is a scholastic approach focusing on Western and African philosophies in doing theology, whereby African theologians insist that Western philosophies must be replaced by African theological philosophies. Whereas anthropological inculturation focuses on “social anthropological understanding of culture in terms of world view, and as a system of symbols and their meaning,” this approach is used to interpret the African indigenous culture in a way that can enable the preaching of the Gospel. However, African theologians have critiqued these methods and proposed an inculturation, which is more holistic, the “need for an approach that would involve the ordinary Africans in the interpretation process, and that would seek a radical interpretation of the sources of the Christian faith, using an African conceptual frame of reference” (Ukpong, 1999:108). Ukpong (1999:101, 108) therefore proposes a sociological-anthropological approach to inculturation theology, which is a combination of the anthropological aspects of worldview, symbols and meanings and the sociological aspects, which takes into account the totality of culture focusing on both religious and secular aspects and how they influence each other. This approach seeks to answer the question of *how* to articulate the Christian faith within the socio-cultural context of Africa in such a way that it becomes good news in all aspects of the lives of Africans—religious, social, economic and political. Put differently, it is the issue of how the Christian message may be enabled to speak to African people from within their religio-cultural and social contexts and thereby transform them from within; how divine salvation may be actualized among African people (Ukpong, 1999:107).

This research employs a sociological-anthropological approach to inculturation to explore any influence that socio-cultural and theological factors have on accessibility to theological education for persons with disability in Ghana. The way disability is constructed in the Ghanaian culture makes it symbolic, as disability is a symbol of a curse or misfortune on a family. Chapter two (cf. heading 2.5.1.) presents the Ghanaian culture as an epitome of unity and hospitality, taking into account the meanings and values of some *Adrinka* symbols in the culture. This study explores the place of the Ghanaian culture vis-à-vis Christianity and the inclusion/exclusion of persons with disability from society and theological education. Therefore, it is important to note that a sociological- anthropological inculturation approach to this research takes into account both social and theological factors that act as mechanisms for equal accessibility to theological education for persons with disability, as posed in the research questions. Hence, social constructionist and cultural research approaches are used to investigate the theological factors (disability and sin/curse; and healing/faith) that may influence equal accessibility to theological education for persons with disability in Ghana. As was outlined in chapter one (cf. heading 1.3), this dissertation seeks to answer the questions of *how* and *why* the cultural religious resources mediate the relationship between stigmatization and the exclusion of persons with disability from theological education in Ghana.



Ukpong (1999:109-112) also highlights three interpretative elements in sociological-anthropological inculturation, these are context, text and an interpretative framework, “all of which are interwoven in one interpretation process”. These are described below:

- a) **Context:** The context is the “human environment and situation in which the Word of God is situated for theological reflection.” Here, the reality of people/s experiences interact with the Christian faith. There is both a total and specific context. The former comprises a community, i.e. a continent, a nation, a particular socio-cultural group, the universal/local church, culture including worldviews, customs, traditions, as well as social, economic and political experiences, etc. The latter refers to a specific context, i.e. a particular value/disvalue. In this study, the total context was indicated in the CMO (as mentioned earlier in this chapter). The specific context includes cultural perceptions of disability, hospitality and unity, as cultural values in Ghana. Context has been overly emphasised, as the study is contextual; hence the methodologies utilized are all contextual.
- b) **Text:** The text “refers to specific biblical themes, biblical texts, and the church's teachings used in a theological reflection”. Theologies and church practices are not texts in themselves but are interpretations of texts. Texts are useful in the dialogue between Christianity and the African culture but also as a resource for contextual analysis. This research has Leviticus 21:16-23 and John 9 as the central biblical texts of disability and stigma (cf. heading 3.6). The all-inclusivity of the *missio Dei*, sin/curse and faith/healing, as they pertain to disability are also biblical themes that were considered in chapter three (3.4; 3.7).
- c) **Interpretative Framework:** This is the inculturation framework for analysing both the context and text. This involves both African and Christian cultural assumptions that inform the analysis and interpretation. While the biblical teachings must be affirmed, the basic African cultural realities must also be viewed in perspective. In some of Ukpong's (1996) other writings on ‘inculturation biblical hermeneutics’ he presents an interesting avenue for further research, especially regarding the disability discourse in Ghana. Ukpong provides a guide to the inculturation interpretative framework; however, not necessarily distancing myself from this, it is noteworthy that this study employs methodologies and conceptual/theoretical frameworks and themes that are relevant to the purpose of this study. I employ sociological-anthropological inculturation in the sense that, I seek to answer the question of whether the Ghanaian culture has any influence on accessibility for persons with disability in theological education. In this quest, social and anthropological aspects of the Ghanaian culture are relevant elements, considered in the data analysis.

#### ***4.2.1.1. Inculturation in Ghana***

The discourse on inculturation will be incomplete without considering the views of distinguished Ghanaian theologians. Renowned African scholars like Kwame Bediako and Mercy Oduyoye are relevant in this discourse. Bediako (1995:212) notes that “the place and significance of ancestors in African primal worldview actually offers opportunities for ‘filling out’ some dimensions of spiritual experience and historical consciousness which are inherent in Christian religion”. This facilitates the investigation of the perception of disability a curse meted out as a punishment from the gods or ancestors in the Ghanaian culture and traditional belief system. In Bediako’s (1995:214, 215) opinion, “The cross-cultural transmission of the Gospel can also be revelatory”. In that, the African Christian experience causes us to raise questions not only about the African religion but also in conversation with Christianity (Bediako, 1995:214). In contrast, Oduyoye (2003:41, 42) states, “African culture is steeped in religion that is variously termed “Traditional”... social cultures are made up of a material way of life but they also have spiritual components. The position of these scholars reflects the on-going conversation regarding the relevance of using the Ghanaian culture as a resource to explore accessibility to theological education for persons with disability.

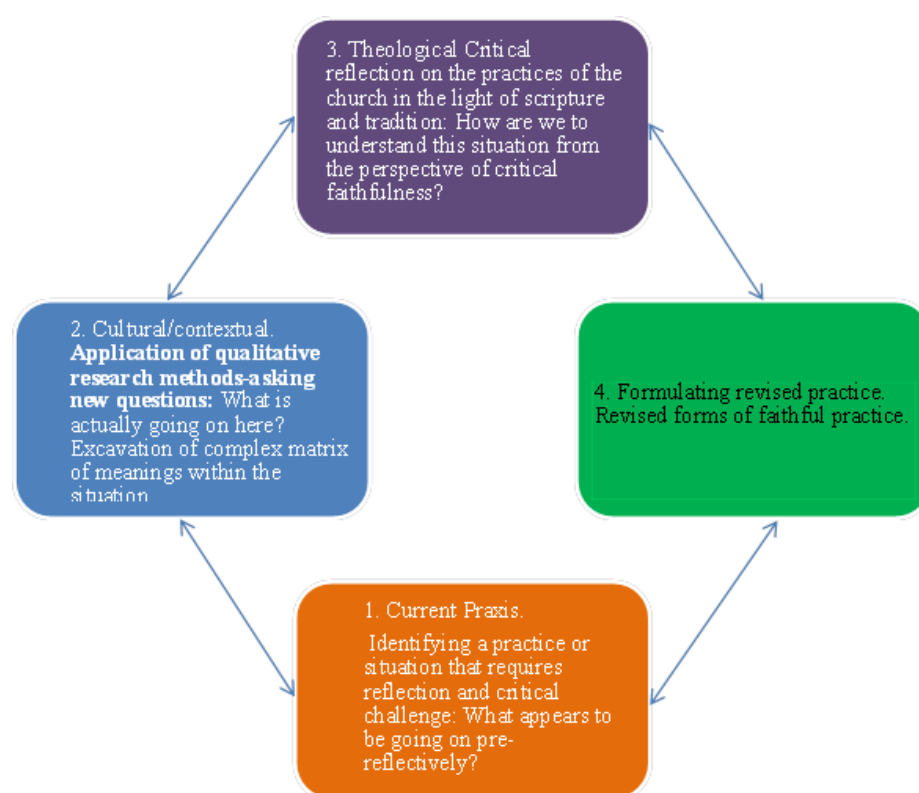
Mawusi (2009:91), in his dissertation titled, ‘Inculturation: Rooting the Gospel firmly in Ghanaian Culture,’ examines “some Ghanaian cultural values that are peculiar and of relevance to inculturation of the Gospel”. He notes, “Some of the Ghanaian cultural values can enrich the universal Church”. He identifies the family as a valuable unit in the Ghanaian society, going beyond the nuclear to the extended family. He applauds the Special Assembly for Africa of the Synod of Bishops for highlighting the concept of family as a guiding principle in propagating the gospel in Africa (Mawusi, 2009:93). Mawusi sees the value of viewing the church as the extended family of God as relevant inculturation; this concept is both biblical and cultural. As I have indicated in section 2.5.1, the Ghanaian culture is an epitome of hospitality. Mawusi (2009:98, 99) is of the opinion that the way Ghanaians are hospitable in welcoming guests, they should likewise welcome Christ and others, as this is also a biblical value. He attests that, “a key African value is inclusiveness, which is seen concretely in expressions of African hospitality... This is similar to the value of hospitality in the Bible. “Extend hospitality to strangers” (Rom. 12:13). Do not neglect to show hospitality to strangers, for by doing that some have entertained angels without knowing it (Heb. 13:2)”.

Some attempts of inculturation in Ghana include: inculturating Ghanaian music into the liturgy; incorporating the Ghanaian naming ceremony into the rite of baptism; traditional marriage vis-à-vis Christian marriage, and widowhood rites are also worth mentioning (Mawusi, 2009:142-159). Some of these aforementioned Ghanaian cultural values are relevant in the discourse on accessibility for persons with disability in theological education in Ghana. This current chapter as well as subsequent chapters make reference to these values.



#### 4.2.2. Practical theological reflection: (Swinton & Mowat, 2006)

Previous sub-sections indicated that sociological-anthropological inculturation theology is useful in data analysis, as it helps to explain the different stages of doing practical theological research, as proposed by Swinton and Mowat (2006). Hence, the missiological concepts on inculturation within the theological reflection framework of Swinton and Mowat (2006:95) are utilized to analyse the data generated by this study. However, in conjunction with this framework, the study will employ a CMO configuration (Pawson & Tilley, 2005:365) that will be helpful in identifying the causes of stigmatization and exclusion persons with disability experience, and their outcome on access to theological education for persons with disability in Ghana. The following diagram of Swinton and Mowat's (2006:95) framework for analysing theological data offers a helpful entry point for analysing the data in this chapter:



**Figure 1. Practical theological reflection (Swinton & Mowat, 2006).**

The Practical theological reflection framework (Swinton & Mowat, 2006:95) utilized in this study has four stages of analysis, as shown in Figure 1 above. The stages are reflected in the entire research, ranging from the introduction to the conceptual framework, literature review, data, data analysis, conclusion and recommendations. The arrows indicate that the stages interact with one another,

showing a back and forth movement and overlapping of the various stages of the research. The stages are:

- Stage 1- the situation
- Stage 2- cultural/contextual analysis
- Stage 3- theological reflection
- Stage 4- formulating revised forms of practice

#### **4.2.3. Stage One: Current praxis/the situation**

Chapter's one, two and three outlined the current disability situation in Ghana. The background and motivation of the study, as discussed in chapter one, demonstrates the discrimination persons with disability experience in Ghana. This in turn informed the problem statement, research questions, theoretical framework and main objectives of the research. Chapter Two discussed the current situation regarding disability in Ghana, depicting the Ghanaian culture as an epitome of hospitality. Chapter three, which consists mainly of the literature review, showed the social and theological constructions of disability and experiences of persons with disability from other parts of Africa; and revealed the influence these factors have on the exclusion of persons with disability from social and Christian life. These aspects depict the situation of disability in Ghana, particularly regarding access to rights, resources and privileges. Furthermore, this study now explores the implications of the social and theological factors on their access theological education in Ghana.

#### **4.2.4. Stage Two: Cultural/contextual analysis**

Qualitative fieldwork was conducted using the following methods: individual interviews, focus group interviews, and observations to investigate the disability phenomenon of access to theological education for persons with disability in Ghana. The social constructionism paradigm with a cultural research approach was used as the methodology for successful data collection. At this stage, I am beginning to make sense of the extent of this reality—the situation of stigmatization, exclusion and lack of full participation of persons with disability in the churches and theological institutions in Ghana. In this study, I have endeavoured to explore how socio-cultural and theological factors influence equal accessibility to theological education for persons with disability in Ghana. Focusing on stigma and Swinton's concepts of disability and CMO, chapters four and five present data from the field, the data analysis, and conclusions that depict the second stage of Swinton and Mowat's practical theological reflection framework, as shown in the figure above.

#### **4.2.5. Stage Three: Theological reflection**

As indicated in the figure above, at this point, there is a deliberate engagement with theology and the actual situation. The focus here is on the “theological significance of the data” (Swinton and Mowat,

2006:95) to explore the disability situation in Ghana regarding equal accessibility to theological education for persons with disability. Social constructionism delves into the way disability is constructed and interpreted by pastors, persons with disability themselves, and disability experts. The main theological themes of this research are disability and its links to sin/curse, which is embedded in the Ghanaian culture and traditional belief system, and therefore, influences theological reflections and interpretations of disability. The other aspect is how many faith/healing preachers in Ghana expect persons with disability to resort to exorcism. This is mainly reflected in chapters three and five, which concentrates on the theological conceptualization of disability and stigma, and the exclusion of persons with disability from churches and theological institutions.

#### **4.2.6. Stage Four: Formulating revised forms of practice**

Stage four is the concluding part of the study where every aspect of the research is relevant but the emphasis is on the conclusions and recommendations. Conclusions will be drawn from the data analysis, together with Swinton's framework, recommendations from participants, and personal reflections. New forms of praxis will be proposed (as indicated by Swinton and Mowat, 2006:95) for churches and theological institutions in Ghana to be more inclusive and integrative in their activities and ministries towards persons with disability. The recommendations will reflect the revised forms of faithful practice Swinton and Mowat (2006:95) expect to see in the final stage of doing theological qualitative research. This also reflects Bosch's (1991:xv) refusal to accept reality as it is and proposes that mission must bring about transformation. Likewise, Kritzinger (2011:52) argues, "God's mission...is about transformative encounters. That is why missiology - which critically reflects on mission - is ...the scholarly study of such transformative encounters". The final stage of this study will propose recommendations that can possibly bring about transformation to the Ghanaian churches and theological institutions in order to grant equity and access for persons with disability in theological education.

### **4.3. ATLAS.ti relevant terms**

Relevant ATLAS.ti terms are clarified below: <sup>56</sup>

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- i. <sup>56</sup> Project: Project refers to a specific research that is done with ATLAS.ti. In this case, the project is: Equity and access for persons with disability in theological education, Ghana.
  - ii. Hermeneutic Unit (HU): The container that keeps data and every related work. This is where data is loaded, managed and organized.
  - iii. Primary documents (PD): Any data that is loaded to the HU becomes a primary document. In this study, the PD files are the interview transcripts.
  - iv. Codes: A word or phrase assigned to a portion of data.
  - v. Quotes/Quotation: Selected portion of data, which is coded.

#### 4.4. Coding (Code Book)

According to Saldana (2009:3-17), a qualitative data code is a symbolic, summative, relevant and encapsulating word or short phrase from the empirical data. There are two main stages of coding: first and second cycle coding. First cycle coding is the coding of phrases/sentences in the entire transcript, whereas second cycle coding condenses initial or additional sentences into concepts, categories and themes. He proposes an approach that moves “from codes and categories to theory,” where coding passes through the aforementioned cycle. Coding can be done inductively where codes emerge from the data or deductively where data is coded based on the research questions, objectives, concepts and themes. Saldana’s approach to coding is adopted for this study. Coding is mainly deductive with codes from the conceptual framework and themes but I am also flexible and allow for the emergence of relevant codes. Saldana also proposes pre-coding where certain significant elements are noted before the actual coding. Pre-coding was also considered in this study where transcripts were initially grouped into primary document (PD) families in ATLAS.ti to inform thematic coding (Saldana, 2009:16).

##### 4.4.1. Code list for participants

The code list for interviewees is as follows:

**Table 1. Code list for participants**

CODE	PARTICIPANTS
DX_F001	Disability Expert/Female
DX_M002	Disability Expert/Male
DX_M003	Disability Expert/Male
DX_F004	Disability Expert/Female
DX_M_BP005	Disability Expert/Male/Blind person
BP_F001	Blind Person/Female
BP_M002	Blind Person/Male
DM	Deaf Minister (minister who is Deaf)
PPDM	Person with physical disability minister
PDC001	Pastor of Deaf Church(church with Deaf persons)
PDC002	Pastor of Deaf Church(church with Deaf persons)
P001 – P015	Pastors

- 
- vi. Family: Category of codes and PD files. This is where related codes or PD files are grouped and categorized under one main theme or name.
  - vii. Network View: A pictorial presentation of analysis, which shows links between codes, quotes and families (Friese, 2014).
  - viii. Merge: When different codes/families/categories are put together into a theme.
  - ix. Code In vivo: This is a verbatim coded word or phrase from the data.

TI001- TI006	Theological Institutional Heads
PPD_F001	Person with physical disability/Female
PPD_M002	Person with physical disability/Male
FG_DP_DC	Focus group/Deaf person/Deaf church(church with Deaf persons)
FG_BP	Focus group/Blind person
FG_PPD	Focus group/person with physical disability

#### 4.4.2. Primary document families

Pre-coding was done by categorizing transcripts. This is based mainly on the different types and groups of participants. The list of primary document families is as follows:

- i. Blind persons
- ii. Deaf persons
- iii. Disability experts
- iv. Pastors
- v. Pastors of Church with Deaf persons
- vi. Persons with physical disability
- vii. Ministers with disability
- viii. Theological institutional heads

#### 4.4.3. ATLAS.ti Code list

See Appendix for code list.

#### 4.4.4. Code Families

Codes were categorized into families based on themes and concepts and methodological framework. Only codes that are related are categorized into code families in ATLAS.ti. These are helpful in managing related codes and also making comparisons to identify similarities and differences. It also helps in querying and checking for groundedness and concurrency. It must be noted that not all codes are in the code families, as they may stand on their own or are not directly linked to other codes; however, they are also reflected in the data analysis. The code families are as follows:

- i. **ACCESSIBILITY FOR PERSONS WITH DISABILITY:** access as an afterthought; access to church; access to theological education; accessibility for persons with disability; access to Deaf church; inaccessible theological education; inclusion; reasons for lack of access.
- ii. **CHRISTIAN ATTITUDES TOWARDS PERSONS WITH DISABILITY:** access to church; charity; accessibility at Deaf church (church including Deaf persons); church attitudes towards persons with disability; healing; faith; *imago Dei*; pastors' attitudes towards persons

- with disability; persons with disability as ministers of persons with disability; stigmatization; involvement in disability ministry; disability as a demonic activity; for the glory of God; experiences of ministers with disability; sovereignty of God.
- iii. **TRADITIONS AND CULTURE:** curse; stigmatization; exclusion; disability as a demonic activity; sin; rejection.
  - iv. **HEALING/FAITH:** disability as a demonic activity; faith; fake healing/miracles; healing; healing advertisements.
  - v. **ACCESS TO THEOLOGICAL EDUCATION:** access to theological education; access as an afterthought; inaccessible theological education; NAB; past enrolment of persons with disability; quest of persons with disability for theological education; Sign Language (SL) interpretation; possible reactions to person with disability applicants.
  - vi. **ATTITUDES TOWARD PERSONS WITH DISABILITY:** attitudes towards persons with disability; church attitudes towards persons with disability; charity; family attitudes: positive; family attitudes toward persons with disability; family attitudes: negative; pastors' attitudes towards persons with disability; stigmatization; exclusion; rejection.
  - vii. **EXPERIENCES OF PERSONS WITH DISABILITY:** experiences of Deaf persons at an inclusive church; experiences of ministers with disability; experiences of persons with disability.
  - viii. **EXCLUSION/PARTICIPATION OF PERSONS WITH DISABILITY IN PASTORAL MINISTRY:** participation in pastoral ministry; can persons with disability be ministers?; exclusion from pastoral ministry due to disability; exclusion from pastoral ministry due to exclusion from OT high priesthood; experiences of ministers with disability.
  - ix. **CONTEXTS:** church attitudes towards persons with disability; access to theological education; experiences of ministers with disability; experiences of persons with disability.
  - x. **MECHANISMS:** attitudes towards persons with disability; church attitudes towards persons with disability; charity; family attitudes: positive; family attitudes toward persons with disability; family attitudes: negative; pastors' attitudes towards persons with disability; stigmatization; exclusion; rejection; experiences of Deaf persons at an inclusive church; experiences of person with disability ministers; experiences of persons with disability.
  - xi. **OUTCOMES:** stigmatization; exclusion; inaccessible theological education; participation in pastoral ministry; can Persons with disability be ministers?; exclusion from pastoral ministry due to disability; exclusion from pastoral ministry due to exclusion from OT high priesthood; experiences of person with disability ministers.

#### **4.5. Reflexivity**

Creswell (2012:474) maintains that it is important for the researcher to indicate his/her status in the research process, especially regarding who s/he is, and it must be noted whether s/he has some sort of history or can relate to the research in any way. In addition, interpretation must be fair in order to avoid posing his/her personal interpretations above others. This process challenges the researcher's assumptions. As I stated in chapter one, I am motivated by personal experience, that of doing my one year national service at a school for the Deaf; and also by the experience of how Christians react to the crisis situation of a relative who has a disability (chronic disease). Even though I have this background, I treat all data as new information, which can help me delve deeper into the reality of stigmatization and exclusion persons with disability experience from the Ghanaian society and its influence on accessibility to theological education. This is because, although I did my national service at a School for the Deaf, I did not get the opportunity to engage with Deaf persons at a deeper level due to communication barriers. It must be also noted that, the Deaf persons I encountered then, were children and teenagers and not adults, as in the case of this study. In addition, my encounter with Deaf persons was in 1996, which was twenty-years ago, meaning some experiences now, may differ from those back then. Nevertheless, my personal experience with persons with disability that offered the impetus for this study is only with Deaf persons, I have no personal experience with Blind persons and persons with physical disability. Therefore, I treat every bit of data obtained as new information and as being relevant.

Secondly, although I have some experience of how Christian leaders have reacted to disability (chronic diseases); the experiences of persons with disability selected for the study are different. Even though some experiences of persons with disability from the field data may mirror my experiences, especially in terms of pressure from pastors insisting on healing as a right from God, and issues related to having enough faith in order to receive healing, I am open to exploring other experiences of persons with disability, whose disability are quite obvious. Notwithstanding, I must admit that my personal experience as a Ghanaian in an exclusive culture, and as a reverend minister as well a seminary lecturer in an exclusive church and theological institution are relevant to this study and to enhancing the critical analysis.

#### **4.6. Findings and Analysis**

This section reports on data from the empirical research based on individual interviews, focus group interviews with pastors, and persons with disability, theological institutional heads and disability experts. The focus of this chapter is on the socio-cultural factors that influence the stigmatization and exclusion of persons with disability from accessing rights, resources and privileges in the Ghanaian



society. Findings obtained in this section are further engaged later in this study to interact with theological factors in chapter five to make sense of equal accessibility for persons with disability in theological education in Ghana. This is to answer the research questions posed in chapter one. To recap, these are as follows:

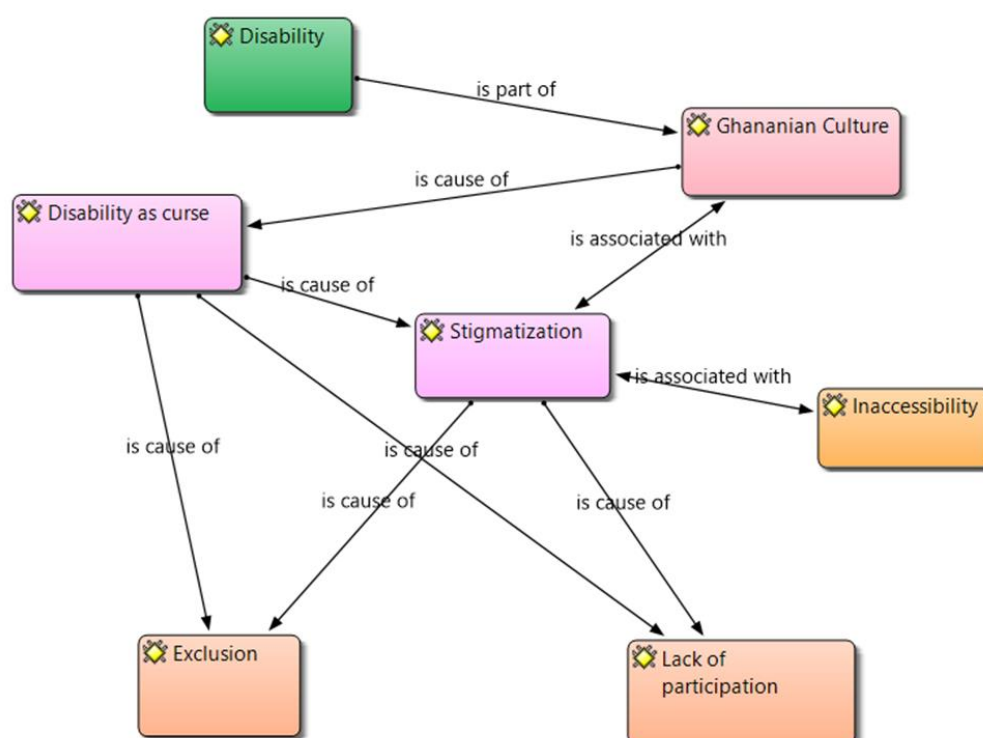
The primary research question: “How and why do social and theological factors influence accessibility to theological education for persons with disability in Ghana?”

Secondary research question: “How and why do cultural religious resources influence the stigmatization and exclusion of persons with disability in accessing theological education in Ghana?”

Data analysis records the way participants respond to the Ghanaian culture and traditional belief system as it reflects on their constructions of disability and attitudes of exclusion towards persons with disability. This section focuses on social constructions and perceptions of disability in Ghana, and thereafter, the attitudes towards persons with disability in Ghana. As I have emphatically stated in section 1.5.1, I adopt a social constructionist and critical realist ontological stance. I assume an ontology of the existence of cause and effect, which is a causal reality for that matter. I assume that there are causal realities behind any stigmatization and exclusion of persons with disability from theological education in Ghana. I also adopt a constructionist epistemological stance (cf. section 1.5.2.).

Figure 2 below shows the ATLAS.ti network view of the summary of findings on the lack of participation and exclusion of persons with disability from the Ghanaian society, which opens up data analysis in the following sections.

## The lack of participation and exclusion of persons with disability in Ghana



**Figure 2. ATLAS.ti network of summative conclusion of chapter four.**

ATLAS.ti network view presents a summative conclusion of the findings in chapter four, which are interpreted as follows:

Figure 2 indicates that disability is a phenomenon in Ghana and is a part of the Ghanaian culture. The Ghanaian culture and traditional belief system do have an influence on the socio-cultural construction of disability as a curse. Also, the figure shows that there is a causal link between the socio-cultural construction of disability as a curse and the stigmatization persons with disability experience. This means that the socio-cultural construction of disability as a curse leads to the stigmatization of persons with disability in the Ghanaian society. Furthermore, the ATLAS.ti network view above draws a relationship between the stigmatization of persons with disability and the inaccessibility they experience in the Ghanaian society. Thus, due to the stigmatization of persons with disability in the Ghanaian society, they experience inaccessibility to rights, privileges and resources. In conclusion, the network view demonstrates how the stigmatization of persons with disability in Ghana leads to their exclusion and lack of participation in societal life. Subsequent sections provide more details on the above findings.

### 4.6.1. Social constructions and perceptions on disability in Ghana

Social constructions and perceptions of disability are beneficial in sociological-anthropological inculturation. This is because they facilitate the dialogue between the symbolic worldview and socio-

cultural situation of disability in the Ghanaian culture and its implication on the Christian worldview of disability, which further enhances the dialogue on disability and theological education in Ghana. As indicated in preliminary chapters, disability is constructed as a curse in the Ghanaian society (Avoke, 2002:771; Baffoe, 2013:189; Slikker, 2009:14). In the light of these diverse contexts, I go one step further and argue that disability is constructed in various ways within the different contexts in Ghana, depending on the agency. Therefore, considering the social constructions and perceptions of disability within the Ghanaian culture is necessary when exploring the stigmatization, extreme exclusion and lack of participation of persons with disability, and how these influence equal accessibility to theological education for persons with disability in Ghana. This research takes into account the various contexts within the larger Ghanaian context: pastors, persons with disability and disability experts, as indicated in the CMO earlier on.

#### **4.6.1.1. What is disability?**

The title of this section asks, ‘What is disability?’ This question is helpful in exploring and evaluating social constructions of disability in Ghana. Disability scholars usually indicate that perceptions of disability in the Ghanaian society reflect the moral and medical models of disability, meaning that disability is either perceived as a curse or a disease (Avoke, 2002:771; Baffoe, 2013:189; Slikker, 2009:14). This research has similar findings; however, what is worth noting here is that, considering the different contexts in the Ghanaian society are evaluated, it is evident that disability is also constructed as in the social model, meaning there are barriers in society that exclude persons with disability from fully participating in societal life.

Social constructions and perceptions of disability in the Ghanaian society at large, and the Christian context in particular, depict the medical, social and moral models of disability. This indicates how different participants respond to the cultural religious resources in the Ghanaian society. Perceptions depend on various groups of participants, which reflect different contexts, as indicated in the CMO. Persons with disability and disability experts construct disability as barriers in the Ghanaian society, ranging from family/societal attitudes of stigmatization, discrimination, exclusion, lack of participation and access, amongst others; this reflects the social model of disability. Below is how a disability expert (who is also a blind person) explains disability:

*P 3: DX\_M\_BP005.docx - 3:1 (8:8) (Super)*

*Codes: [social model of disability] [what is disability?] [context] [mechanism]*

I always, I resort to etymology here, and I take it like that if I use the prefix, the English prefix ‘dis,’ and I put in front of a word then it gives me the opposite of that word. So if I have cover, I’ve covered something and I put a ‘dis’ in front of it. ‘Discover,’ then that is,

I've removed the cover. If somebody is armed, he has his guns and things, and I put 'dis' in front of the word, and then, I have 'disarmed' the individual. Somebody has his comfort, I put 'dis' in front of the word, I have given him discomfort. You see, so I take it like this. So if I have an ability, if I can read, if I have the ability to read and I'm given material in a format in which I can't read then it's like you are putting 'dis' in front of that ability to read and that becomes a 'disability' to me. You see, so if I can go up the stairs I can go to a conference room to take part in a conference and there is a line of steps there and I'm in a wheelchair, then that becomes a disability to me. So it is the environment and the society that really puts the 'dis' in front of my ability. If I am provided with what I need then there is no 'dis' there, then my ability to function will stand, and then I can function alright. So it depends on the angle you are coming from. But for me, practically, I will go back to what I said earlier on, that when your ability to do something is compromised, whether by society or by the environment, then that to me becomes disability.

DX\_M\_BP005 uses language to express the way society disables persons with disability due to inaccessibility. The prefix 'dis' is significant in constructing disability in that, persons with disability have the ability to express themselves just as able-bodied persons, but once they are not able to access rights, privileges and resources in the environment and society at large, then they are disabled. The social model of disability states that it is the barriers in society that actually disable persons with disability, and not their actual disability. As indicated in the data above, if a blind person is given an audio or Braille book, and a sighted person is given a hard copy of the same book, they are both able to access whatever information there is in the book. Likewise, if there is a lift or ramp for a wheel chair to access a building, then disability does not matter. Hence, disability is not the problem but rather the barriers in the Ghanaian society, which hinders persons with disability from full inclusion in societal life. This depicts how persons with disability respond to barriers in the Ghanaian society by constructing disability. Therefore, in Ghana, the social construction of disability is not limited to the medical and moral models of disability but also to the social model of disability.

Pastors, on the other hand, see disability from the perspectives of both the medical and moral model. The way disability is constructed in the moral model is discussed in the next section. Pastors see disability as a challenge, malfunction, deformity and abnormality, which connotes the medical model of disability, which sees disability as a malfunction and a condition that needs an intervention or cure. Below are some pastors' views:

*P21: P010.docx - 21:1 (3:3) (Super)*

*Codes: [what is disability?] [context] [mechanism]*

Disability to me is a little bit of a deformity, any type of deformity.

*P35: TI003.docx - 35:1 (5:5) (Super)*

*Codes: [what is disability?] [context] [mechanism]*

Disability is a natural inability, like natural physiological impairment, and so you are limited to performing certain physical functions requiring specific human organs that has to do with your body. In view of the fact that, you may have that part of the body, but not function, or you may lack it so you are unable to perform normally as a human being that is my understanding.

This also reflects the perceptions of Ghanaians who do not have any formal training regarding disability. Therefore, as reported by Avoke (2002:771), Baffoe (2013:189), Slikker (2009:14) and Takyi (2013:43), as well as a few other Ghanaians who have written on disability, persons with disability are regarded as sick people, which is confirmed by participants with disability in this study. Also, it is evident that disability is socially constructed as a deformity and abnormality. The way disability is constructed from the moral model dimension is discussed in the next section. Thus, in the CMO, the construction of disability as a deformity/abnormality leads to the stigmatization of persons with disability; this has other exclusive implications, which will be discussed in later sections. It is arguable that persons with disability in Ghana are categorized into a degraded social identity because they are perceived as not being normal, as Goffman (1963:1) puts it.

There are contrasting constructions within the various contexts; this indicates that the views of disability experts/persons with disability and pastors/society at large are relevant, in that it determines whether persons with disability are fully accepted as real and complete human beings, and thereby, included and integrated into society. Whereas persons with disability/disability experts see the societal barriers as disabling, others see persons with disability as abnormal, this indicates why as much as persons with disability are yearning and advocating for equal accessibility to social resources, rights and privileges, society on the other hand stigmatizes, discriminates and excludes them because they are perceived as not being normal. This also reflects Goffman's (1963:1) stigma-theory and social identity where persons with disability are classified into a degraded social identity. However, it is a confirmation that persons with disability experience categorization as Swinton (2001:43) and Reynolds (2008:63) put it. Therefore it must be noted that context also plays a major role in the construction of disability. Missiologists and intercultural theologians are concerned with contextualization, which asks 'who' in a larger context is involved in the encounter? The context of this study as indicated in the CMO is not only the larger context of the Ghanaian society, culture and theological institutes but also includes the different categories of participants. It is evident that the 'who' within the Ghanaian society and culture

makes a significant difference in the interpretation and construction of disability. Thus, disability is a social construct in the Ghanaian society and culture. I argue that disability is constructed not only as a curse or a disease as in the medical and moral models of disability, but also socially constructed as barriers in society, as in the social model of disability, depending on the context and agency in Ghana. This is relevant because it enhances the dialogue between Christianity and the Ghanaian culture/traditional belief system regarding disability, as it should be in sociological- anthropological inculturation.

#### ***4.6.1.2. Disability as a curse***

Field data shows that disability is generally constructed in Ghana as a curse from the gods due to an abomination committed by a person with disability, a relative or an ancestor. This is also reported by Avoke (2002:771), Baffoe (2013:189) and Slikker (2009:14). Takyi (2013:43), in his Master's thesis, found that disability in Ghana is constructed in the moral and medical models. It is worthy to note the difference with my research, the scope of Takyi's (2013) research is limited to only persons with physical disability in a particular area, whereas my research comprises various groups of participants and is approached from a theological/missiological perspective, which is focused on contextualization. The employed contextualization has enhanced other significant discoveries regarding the disability phenomenon in Ghana. The construction of disability as a curse is symbolic and connotes categorization, as in Goffman (1963:1) on stigmatization. This depicts the way disability is interpreted in the moral model of disability. It is evident that Ghanaian Christians, especially pastors, cannot easily separate themselves from this socio-cultural construction of disability as a curse, which is embedded in the traditional belief system and is a reflection of inculturation. It is important to note that the way different participants respond to the Ghanaian culture determine their constructions on disability and attitudes towards persons with disability. This is helpful in shedding light on the way cultural religious resources such as disability as a curse, mediate the relationship between the stigmatization and exclusion persons with disability experience in the Ghanaian society. This is the response of a pastor:

*P23: P012.docx - 23:6 (17:17) (Super)*

*Codes: [curse] [traditions & culture] [context] [mechanism]*

My view as a Christian, but I am also an African Christian, and I hold onto that view because I have seen it in some parts of my community—the god can punish—because of a curse on the family.

Another pastor said:

*P17: P006.docx - 17:7 (34:34) (Super)*

*Codes: [curse] [disability as a demonic activity] [traditions & culture] [context] [mechanism]*

“Yes, yes!” Being an African I wouldn’t doubt that at all because there have been many instances where we have come into contact with such things. We’ve been in deliverance ministries where we pray for people, and we hear a whole lot of manifestations, and the spirit of the Lord leads us to know what has transpired in the past and blah, blah, blah, and then, when we go to tackle that persons as it were curse or what have you, the person receives instant healing.

This indicates that inculturation seems to have taken place whereby the cultural perceptions and social constructions of disability that are embedded in the traditional belief system have been transported into the Christian belief system. It is difficult to see a difference in the way disability is constructed between the two religions. Although many Christian participants acknowledge that there are various causes of disability like medical conditions, diseases and accidents, they say that they are Africans and accept African values and culture as such. Bosch (1991:454) talks about the double movement in inculturation where there is “inculturation of Christianity and Christianization of culture”. Wuthnow (1992:37) is of the opinion that there is a connection between religion and culture. According to Küster (2003:73), people within different religious contexts “construct their religious identities over and over again” based on “their life stories and the continuous changing context”. He therefore proposes a theology of dialogue between Christianity and other religions, which he calls inculturation. However, Bevans and Schroeder (2004:348-395) in their prophetic dialogue propose intercultural dialogue and inculturation dialogue as important in contextualization. Oduyoye who is a Ghanaian also have something to say about inculturation. For Oduyoye (2003:41, 42), “African culture is steeped in religion that is variously termed “Traditional”... social cultures are made up of a material way of life but they also have spiritual components”. The use of the Ghanaian culture as a lens to investigate the accessibility to theological education for persons with disability in Ghana is a dialogue between the Christian construction of disability and that of the traditional belief system, which shows how Ghanaians are steeped in religion and the reciprocal relationship between the traditional religion and Christianity. The focus here is to explore how this social construction influences equal access to theological education for persons with disability in Ghana.

One pastor said:

*P12: P001.docx - 12:16 (32:32) (Super)*

*Codes: [context] [stigmatization] [traditions & culture] [mechanism]*



...When it comes to the church, I think again, we have allowed culture to determine some of the things that we, erm, work out with in church....

It must be noted that although disability is generally constructed as a curse in the Ghanaian culture, disability experts and persons with disability do not subscribe to this view in totality. Even though they all acknowledge that this is the general perception, they are of the opinion that there are various causes of disability ranging from genetics, medical conditions, behaviour and accidents, etc. It is evident that in contextualization, the 'who' in the encounter always makes a difference and this helps in painting a broader picture of a phenomenon. In CMO, the perceptions and social constructions of disability as a curse is a mechanism that triggers the way disability is also constructed within the Ghanaian Christian context.

However, some persons with disability also believe that there is a spiritual dimension to their disability. This is why most of their families resort to seeking spiritual help, either from traditional healers or miracle preachers. Almost all the participants with disability have, in one way or another, sought spiritual help. It is the norm to inquire from the shrine or church the cause of the disability in a family. Shiriko (2011:171) and Onyinah (2006:121, 122) attest that the African will always attach a spiritual cause to whatever happens, and the case of disability is no exception. Disability is also linked to demonic and witchcraft activities, either the person with disability is a witch or a witch has caused the disability or a curse from the gods. Below, a deaf person shared his experience of how he became deaf due to an unfavourable encounter with a river goddess:

*P26: FG\_DP\_DC.doc - 26:2 (34:34) (Super)*

*Codes: [disability as a demonic activity] [disability since infancy] [traditions & culture] [context] [mechanism] [outcome]*

The idol of the water turned to be a woman! So in view of that, I went to the stream 'Opeifor'. Over there, they don't go to the stream on Saturday. But I and my father and two brothers went to the farm. There was a river there, meaning from there to the river like a mile away. It was windy and my parents could not see me. I wanted to drink water, then the water turned into a woman. I wanted to run, then the water shouted. I became a deaf! Before I wanted to fetch the water I eased myself first, so I don't know that maybe when I did that, that made the water turned to a woman. My parents took me to an idol so that they can help me to be ok. But they tried, but nothing availed. Before, I couldn't speak, but now through church, through prayers that make me hear and speak small, small.

This narrative account of the participant's (FG\_DP\_DC) encounter with a river goddess reinforces the perception that disability is a curse. The normal reaction in the Ghanaian society is to seek spiritual help to break the curse. This is what he did by going to a shrine. However, he also eventually went to church, but saw a little improvement in the situation. This shows the link between spiritual influences and disability, which is why many resort to exorcism for healing. It also establishes that it is not only faith/healing/miracle preachers that put pressure on persons with disability for healing but that some persons with disability and their families actually seek spiritual help because disability is seen as a curse.

Hence, the question of who is interpreting disability within the larger Ghanaian context matters. In that, pastors, disability experts and persons with disability construct disability differently, although the general perception is that disability is a curse or punishment from the gods due to an abomination by a person with disability, a family member or an ancestor. This reinforces Luzbetak's (1998:72-79) view on the first level of conceptualizing culture where it is relevant to ask the question of who, what, where and how. The 'who' are the different groups of participants in this study; the 'what' the construction of disability is; the 'where' is the Ghanaian society and also the Ghanaian Christian context, specifically the churches and theological institutions. The 'how' is how pastors, persons with disability and disability experts construct disability differently within the same culture. But Luzbetak's third level of conceptualizing culture is also relevant at this stage, as he delves deeper into the psychology of a society to understand what has informed certain attitudes. Wuthnow (1987:10-11) also holds different approaches to culture but his subjective approach is worth noting. The subjective approach to culture focuses on beliefs, attitudes, opinions and values where elements of culture are mental constructions that are enacted or adopted by individuals within that culture.

Thus, the social constructions of disability by various participants and contexts within the Ghanaian culture is important in exploring the equal accessibility to theological education for persons with disability, as perceptions influence attitudes towards persons with disability. It is evident that the general perception of disability in Ghana is that disability is a curse; however, it is subjective to different groups of participants. This explains the stigmatization that is associated with disability and the sufferance of exclusion and lack of participation of persons with disability in Ghana. Persons with disability in general do not subscribe to this opinion as most of them could recount the cause of their disability as the result of either a disease or accident, since few of the participants in this study were actually born with a disability. However, from the above response from a person with disability, some persons with disability believe that there is a spiritual influence on their disability. Pastors on the other hand, although acknowledge that there are several causes of disability, cannot refuse the fact that disability has a spiritual influence and is a curse. Disability experts reject the perception of disability as being a curse.

It is necessary to note that stage two of the practical theological reflection (Swinton & Mowat, 2006:95), which is the cultural/contextual analysis, focuses on the application of qualitative research methods – asking new questions of ‘what is actually going on here?’ To answer what is going on in the Ghanaian Christian context, is that there is an amount of inculturation, although it is unconscious, regarding the construction and perception of disability as a curse. It is not evident that pastors have consciously considered a deliberate dialogue between the Ghanaian culture/traditional belief system/religion and Christianity regarding the phenomenon of disability but it can be argued, based on participants’ responses as presented above, that the socio-cultural construction of disability within the Ghanaian culture and traditional belief system seems to be similar to the Christian context. Therefore, as Wuthnow (1992:37), Oduyoye (2003:42) and Küster (2003:73) have said, cultures and religions indeed influence each other. It can be argued that the socio-cultural construction of disability in Ghana does exert an influence on Christian attitudes towards persons with disability.

#### **4.6.2. Attitudes towards persons with disability in Ghana**

The second stage of the practical theological reflection (Swinton & Mowat, 2006:95), which is the cultural/contextual analysis, asks the question: ‘what is actually going on here?’ This section, just as the previous one, seeks to answer the question of what is going on in the Ghanaian society regarding attitudes towards persons with disability. I argue that socio-cultural constructions of disability do have an influence on attitudes toward persons with disability in the Ghanaian society. This section investigates and evaluates the influence of the construction of disability as a curse in the Ghanaian culture and traditional belief system on societal attitudes towards persons with disability. This further aids in the analysis of the equal accessibility to theological education for persons with disability in later sections of the study. Hence, a contextualization as proposed by missiologists and intercultural/interreligious theologians in doing a sociological-anthropological inculturation. This is a focus on the social aspects, which enhances theological dialogue on disability in the next chapter. Data recorded various attitudes towards persons with disability but analysis focuses on stigmatization, exclusion and lack of participation, as this addresses the main themes of this research more adequately.

##### ***4.6.2.1. Stigmatization of persons with disability in Ghana***

This section investigates any influence of the Ghanaian culture on the stigmatization of persons with disability in Ghana, which is helpful in identifying the effects of stigmatization on the inclusion/exclusion of persons with disability from society and theological education in Ghana in subsequent sections. The purpose is to answer the question of how participants respond to the reality of stigmatization and how stigmatization influences the exclusion of persons with disability from society

and theological education in Ghana. The social model of disability sees barriers in society as disabling persons with disability; stigma is one of the attitudinal barriers persons with disability experience from society. Chapter one explains the conceptual framework for this study, which includes Goffman's (1963:1) stigma theory on social identity. Chapter three also conceptualizes stigma and disability, taking into account Goffman's as well as others' views of stigma. According to Goffman (1963:1), stigma is a negative tag that society imputes on a group of people because of the social categorization of what is normal or abnormal in society. Disability is a form of stigma, meaning that persons with disability are stigmatized because of their disability; they are therefore categorized into a degraded and virtual social identity instead of their actual identity. Weiss et al. (2006:279) state that stigma is a social disqualification, whereas Coleman (1997:226) asserts that stigmatization is a kind of social death. They are connoting discrimination and exclusion of persons with disability from societal life. Since they are all of the opinion that stigma is perceived and enacted differently within different contexts, it can be concluded that stigma is therefore a social construct and contextualization has a part to play in its construction. Therefore, the stigmatization of persons with disability is explored in the Ghanaian context.

Field data confirm that persons with disability in Ghana experience stigmatization due to the socio-cultural construction and perceptions of disability as a curse, which is embedded in the culture and traditional belief system. Participants conclude that experiences of persons with disability in the Ghanaian society can be linked to the perception that disability is a curse.

This is what some participants had to say:

*P12: P001.docx - 12:16 (32:32) (Super)*

*Codes: [context] [stigmatization] [traditions & culture] [mechanism] [outcome]*

Again, stigmatization is, erm, is a cultural thing where you grow up, where you come from, etcetera, and they all have certain definitions to what disability you have and the stigma that comes along with it.

*P 3: DX\_M\_BP005.docx - 3:25 (78:78) (Super)*

*Codes: [exclusion] [stigmatization] [traditions & culture] [mechanism] [outcome]*

...Stigmatization is a, is actually, is a disability on its own because you know people have certain notions about what a disabled person brings, or who a disabled person is, or what a disabled person represents, and that in its own blocks a lot of disabled people from

developing. It also blocks people associating or even providing a social platform for disabled people to develop. Our traditional notions of disability, you know, those things about disability being curse, disability being something for bad people, disability being something for the other person, not for you, and all that. It leads to a point where, because of these things, parents actually don't want to bring out their disabled children.

The above participants link the stigmatization of persons with disability in the Ghanaian society to the socio-cultural construction of disability as a curse. They also show how culture influences stigmatization. Therefore, in the CMO, I argue that the socio-cultural construction of disability as a curse triggers the stigmatization of persons with disability from the Ghanaian society. The Ghanaian culture, society and persons with disability are the context in this case; the construction of disability as a curse is a mechanism with an outcome of stigmatization.

Furthermore, participants record that persons with disability are perceived as inferior, sick and abnormal, which is the cause of their stigmatization, as they are seen as less productive. Hence, negative attitudes of discrimination and exclusion are often justified within the Ghanaian society. This confirms Goffman's (1963:3) theory that persons with disability are perceived to be less human and abnormal. The worrying aspect concerning the perception of disability, which is extreme, is the perception that disability is contagious, and therefore, these individuals must be excluded from society. Pregnant women are often warned to stay far away from persons with disability or else their babies will be born with a disability. Below are the accounts of some participants on the points just mentioned in this discussion:

*P 4: DX\_M003.docx - 4:8 (64:65) (Super)*

*Codes: [stigmatization] [mechanism] [outcome]*

...because of that societal attitude of 'you are sick people' or 'you have sick people among you'.

*P 9: PDC-UNST001.doc - 9:25 (120:120) (Super)*

*Codes: [stigmatization] [mechanism] [outcome]*

Yes, some people discriminate against them. People see them as inferior human beings, which is very bad, and sometimes they get discouraged when they see society acting like that towards them and they get discouraged. "Yes!"

*P15: P004.docx - 15:16 (32:32) (Super)*

*Codes: [attitudes towards persons with disability] [stigmatization] [mechanism] [outcome]*

...because we think they are not whole, they are not complete people, or probably like we would say in Ghana, if the person is even cured of his, how do I call it, 'madness,' there is a little still left there to frighten the children.

*P20: P009.docx - 20:7 (17:17) (Super)*

*Codes: [education on disability] [stigmatization] [way forward] [mechanism] [outcome]*

Hmmm ...the stigma aspect well, in one sense, people who have this disabilities are not seen as maybe complete human beings in the sense that the normal human being is.

With regards to stigmatization, all participants, regardless of their context, whether it be persons with disability, disability experts and pastors, are all of the opinion that persons with disability in Ghana are stigmatized, they also attribute this to the perceptions of disability in the Ghanaian culture. A number of disability theologians, such as Swinton (2001:43), Reynolds (2008:63) and Black (1996:20), to mention a few, have also raised issues concerning categorization and stigmatization. The evidence that all participants are of the same opinion regarding the stigmatization of persons with disability shows the obvious nature of such extreme experiences that persons with disability suffer in Ghana. It can be argued that persons with disability are stigmatized because of the way disability is socio-culturally constructed as a curse within the Ghanaian culture and traditional belief system. Hence, in CMO, the construction of disability as a curse triggers the stigmatization of persons with disability in Ghana.

However, the stigmatization of persons with disability is reflected in the family and societal attitudes of prejudice, discrimination and extreme exclusion. The exclusion of persons with disability is discussed in the next section. It is not only persons with disability that encounter stigmatization in the Ghanaian culture but the entire family. Since the family is perceived as cursed, no one wants anything to do with them. Participants also recall the common Ghanaian cultural value and tradition that compels families to thoroughly investigate the background of a potential spouse during premarital arrangements to ensure that there is no person with disability in their family. As already noted in the literature review (cf. heading 2.5.2), certain communities in northern Ghana kill children born with a disability because they are perceived as 'spirit children' (possessed by an evil spirit). This reflects extreme stigma and exclusion. Coleman (1997:226) describes stigma as a kind of social death; in fact, this is not just a social death but actual death. Participants also made constant reference to the account of how many Ghanaian chiefs objected to the nomination of Dr Daanaa, a blind person who is a lawyer, as a minister of state by the president (cf. heading 2.5.2.). Many times participants echoed that persons with disability must

be accepted and valued for who they are, and given every opportunity to contribute their quota to the development of the state. This complements Swinton's suggestion to accept and value persons with disability for who they are.

To a greater extent, what worries persons with disability is the way they are pitied in society. There are instances where they are viewed as being a beggar, and people begin to throw money at them on the streets. It is normal for receptionists to send them away without them meeting the people they sought to meet for official purposes. The experiences of stigmatization go on and on, but the bottom line is the evidence that persons with disability are stigmatized due to the perception that they are cursed, and this stigmatization leads to negative attitudes of discrimination and exclusion from societal life. This reflects Goffman's (1963:7) position on the difficulties stigmatized people face in mixed contact. If persons with disability are among persons with disability they accept each other and would not normally have pitiful attitudes towards each other as indicated above. However, the opposite occurs once there is mixed contact with society and they are forced to accept the sufferance of stigmatization, humiliation and exclusion. Still on the issue of mixed contact, Goffman (1963:7) raises the point that both stigmatized people and stigmatizers feel comfortable in the presence of people of the same social identity but problems arise when both groups are in the same social setting. Below, a blind person shares the story about his first day at work as a national service personnel:

*P30: FG\_G.docx - 30:73 (349:349) (Super)*

*Codes: [attitudes towards persons with disability] [experiences of persons with disability] [stigmatization] [context] [mechanism] [outcome]*

... You know, I tell you that the first time I entered my office, the place was very quiet, it is like they all kept quiet. I sat for three hours, you know, two people were sent to the office. It was I and another sighted person. The sighted person was given a desk, I wasn't given. So the first day I was sitting there, I sat there for four hours, and no one talked to me, so until I pulled my laptop out. You know, the place was boring! So I just pulled my laptop out and then I heard someone asking, "He has a laptop! Maybe it might be for someone?" It's like they were discussing something small.

Goffman's point on mixed contact is evident here. According to the blind person, he had a wonderful experience at the office after he was well integrated but it was difficult in the beginning. It can be argued that, sometimes, people do not just know how to react in the presence of persons with disability, although the general norm is that of stigmatization and exclusion. Again, from the participants' story as presented above, there were two people posted to that same office as national service personnel but only one was welcomed, obviously the one who had no disability. The general attitude of extreme



stigmatization was manifest when the blind person was not welcomed. This sheds more light on the sufferance of persons with disability in the Ghanaian society through attitudinal barriers highlighted by the social model of disability, as indicated by a participant earlier on.

Goffman (1963:3) also mentions that stigmatized people are often called by derogatory names. This is not any different in the Ghanaian context. In general, persons with disability often experience such attitudes from members of society, especially from children. One such instance comes to mind here, Deaf people often recount how people shove leaves into their mouth when they meet them, insinuating that they are animals. In retaliation, they become confrontational. Goffman warned that such defensive behaviour compounds the situation because they are then perceived as being aggressive; this is also the situation in Ghana.

Participants attribute these instances of stigmatization to a lack of education and awareness of disability. Hence, they advocate for education to create more awareness, as they believe this will reduce the level of extreme stigmatization persons with disability suffer in the Ghanaian society.

It is evident that the socio-cultural construction of disability as a curse in the Ghanaian culture and traditional belief system influences the stigmatization of persons with disability. This is further explored in later sections to investigate and evaluate any influence this has on equal access to theological education for persons with disability. According to Wuthnow (1987:10-11), there are four basic approaches to cultural analysis, this section reflects three of his approaches: the subjective, structural and dramaturgic. Subjective perceptions on the stigmatization of persons with disability, which is deeply rooted in the Ghanaian culture, are relevant to view the whole picture of attitudinal barriers in the Ghanaian society. The structural approach focuses on the patterns and relationships among cultural elements, which in this case is disability as a curse in the Ghanaian culture and how it leads to the stigmatization and discrimination of persons with disability, which is expressed dramaturgically in exclusive attitudes towards persons with disability. Similarly, Luzbetak (1988:72-79) talks about three levels of culture: level one is the surface level of the form/shape of cultural patterns; level two poses questions such as “what are the reasons, usages, presuppositions, prerequisites, needs, associations, repercussions, logical connections?”; and level three focuses on the psychology of society and explores the “basic goals and drives, starting points in reasoning, reacting, motivating”. In this case, I argue that persons with disability are being stigmatized because disability is perceived as a curse in the Ghanaian culture. The patterns are the socio-cultural constructions of disability as a curse, this accounts for the stigmatization, which explains the reasons, prepositions and logical connections and reflects the psychology of Ghanaians regarding disability with other implications; this is further explored in subsequent chapters.

#### **4.6.2.2. Exclusion of persons with disability from Ghanaian society**

The previous section on stigmatization indicates the influence of the socio-cultural construction of disability as a curse on the stigmatization of persons with disability. Further investigation is carried out to establish the casual link between the stigmatization of person with disability and their exclusion from the Ghanaian society. Data indicates that general attitudes towards persons with disability in Ghana are that of stigmatization, discrimination, marginalization and exclusion. Persons with disability are excluded from societal life because they are perceived as being cursed. In certain cases, disability is considered contagious so many avoid persons with disability. I argue that the experience of exclusion is a two way process—society excludes these individuals, but they (and their families) in turn prefer to exclude themselves in order to avoid negative and humiliating experiences. The exclusion of persons with disability is reflected in familial attitudes towards them, accessibility to rights, resources and privileges, and lack of participation in societal life. The following sub-sections explore the exclusion persons with disability experience in the Ghanaian society.

##### **a) Familial attitudes towards persons with disability**

Familial attitudes towards persons with disability are that of stigmatization, discrimination and marginalization, which often results in exclusion. However, very few families are supportive of persons with disability, which is reflected in the level of achievement they are able to attain. Persons with disability are not the only victims of stigmatization and exclusion, but their families as well. Participants with disability and disability experts also confirmed this phenomenon in this study. These are their responses:

*P 2: DX\_F004.docx - 2:9 (53:53) (Super)*

*Codes: [family attitudes; neg] [outcome] [context] [mechanism]*

It starts from the home. Yeah! It starts from the home, the upbringing! Some of the family even shun them, put them indoors and blah blah ...will not even let them to come out.

*P 3: DX\_M\_BP005.docx - 3:28 (78:78) (Super)*

*Codes: [curse] [disability as a demonic activity] [exclusion] [experiences of persons with disability] [family attitudes; neg] [outcome] [context] [mechanism]*

Our traditional notions of disability, you know those things about disability being curse, disability being something for bad people. Disability being something for the other person, not for you, and all that. It leads to a point where, because of these things, parents actually don't want to bring out their disabled children. I know a case where a parent, a disabled

child was locked indoors for about fourteen years before he was discovered, and when the child came out of that kind of situation, he had no social skills at all because he had never interacted with people. The mother had always put him at home.

*P 7: DM.docx - 7:16 (68:68) (Super)*

*Codes: [attitudes of persons with disability] [exclusion] [family attitudes toward persons with disability] [family attitudes; neg] [stigmatization] [context] mechanism] [outcome]*

When I became deaf, I stayed home, I was nine years, nine good years without going to school. I was playing around, so after I grew up, I saw my friends, they had all gone to school and I was left home alone. So when my friends go to school they close, they come because we all played together. So those who were in the boarding school, when they came, we played. When school reopened they went and left me alone. That time I was able to do the speech, I have a speech, I cannot hear but I can talk. So when I grew, I asked my father, "When are you sending me to school?" So I was disturbing him, disturbing my father. So later on, I saw my father went out and bought school uniform and brought it to me. He said, "You will soon go to school!" I thought my father was deceiving me, so when I was thirteen years I became very angry and was complaining everyday about school. I wanted to go to school! So my father decided to ask permission from work for one week and took me around looking for a school for me. So finally, we came to the office here, that was 1974.

The above evidence shows that persons with disability do not only suffer discrimination, stigmatization and exclusion from society but also from their families. DM had to persistently demand to be taken to school before his father would make the effort to do so. DX\_M\_BP005 also recounts an incident when a person with disability was excluded from society for several years. DX\_F004 confirms that the starting point for the exclusion of persons with disability from society is the home—the immediate family. It is scarce to find positive family support for persons with disability in Ghana. However, those that have family support are doing very well. Only one participant could confidently say that he had the full support of his family when he became blind. He was educated adequately and currently holds a PhD with a gainful employment. He is married to a woman without disability, even though initially, her family was reluctant. It is evident that the parental level of education plays a significant role, in that the both parents of this participant were highly educated. This is what this participant had to say:

*P 3: DX\_M\_BP005.docx - 3:9 (29:29) (Super)*

*Codes: [family attitudes; pos] [context] [mechanism]*

...it wasn't that easy and my parents and my family really helped me to get through that time. But then after that, my family felt that the best thing was to just go to school. So they took me back to school. That time, the school was in the middle of the country, Wenchi somewhere. So I had to go to Wenchi.

This indicates that the starting point for the exclusion of persons with disability from the Ghanaian society is the home and this can be linked to the socio-cultural construction of disability as a curse, which is embedded in the Ghanaian culture and traditional belief system. Families would prefer to hide persons with disability in order to avoid the stigmatization and exclusion. But then, on the other hand, my thoughts are provoked into thinking about the value of family in the Ghanaian culture and society. As was indicated in chapter two (cf 2.5.1), the Ghanaian culture is characterized by its various expressions of unity and hospitality, i.e. during naming/marriage ceremonies and funerals. This leaves me wondering why the family cannot embrace the inclusion and empowerment of relatives with disability. In my opinion, our hospitality and unity is limited by the same culture that promotes stigmatization and exclusion. For this reason, I propose that the Ghanaian culture as a mechanism of stigmatization and exclusion can also function as a resource for change in society, by being more inclusive of persons with disability. In CMO, I argue that the socio-cultural construction of disability as a curse triggers the familial stigmatization of persons with disability with the outcome being exclusion.

#### ***b) Accessibility for persons with disability in Ghana***

The investigation and evaluation of the accessibility of persons with disability in the Ghanaian society is necessary in the accessibility discourse regarding persons with disability in theological education. Chapter two established that persons with disability experience marginalization and discrimination from the Ghanaian society. The Constitution of Ghana and the Disability Act 715 requires that all public places are to be accessible, and that persons with disability have access to rights, privileges and resources, both equitably and non-discriminately. But it is quite clear that this is not the case; even parliament that passed the Disability Act is inaccessible. According to participants with disability, the level of exclusion they experience is severe and extreme, with access often being an afterthought. In Ghana government institutions, private institutions, schools, work places, hospitals, and public places are more often than not, inaccessible. Many of those that are accessible only thought of accessibility afterwards and do not consult the right technical guides. In essence, they have few accessible facilities that are equally inaccessible. This is what a pastor had to say:

*P20: P009.docx - 20:23 (56:56) (Super)*

*Codes: [access an afterthought] [context] [mechanism]*

Because this, it has never, I mean, things that we are sharing here, have never occurred to me, as I said. I mean, it's not even on my priority list at all. But having mentioned, you having brought it up, at least, it is now giving me a kind of....

This proves that inaccessibility in the Ghanaian society is extreme. P009, as indicated above, has never thought of accessibility for persons with disability; it is also not a priority on his list. This clearly shows that accessibility for persons with disability is an afterthought. Institutions think of access when they have a person with disability or some binding policy like that of the National Accreditation Board (NAB). The accessibility for persons with disability is broken down into sections on education and information, as these are relevant aspects that address the themes of this study.

### *c) Access to education*

It is important to look at the general nature of accessibility to education in Ghana, as this helps in the exploration of access to theological education for persons with disability. The majority of participants with disability were educated but not to a higher level. Field data clearly shows that it is the norm for Deaf persons to attend special schools at the basic level, which is probably the end of education for most of them. The very few that proceed to tertiary level face the difficulty of Sign Language interpretation. They have to employ their own Sign Language interpreters who are already employed, meaning that they are not always available. It is interesting to note that most of the very few Sign Language translators that are available in Ghana do not have formal training in Sign Language. They are mostly church interpreters from a particular church that has been involved in Deaf ministry for a number of years. Even at the schools for Deaf persons, not all the teachers have formal training in Sign Language, as indicated in chapter one. I was posted to do my national service at a school for the Deaf without any prior training in Sign Language. This is what a participant has to say:

*P30: FG\_G.docx - 30:66 (333:333) (Super)*

*Codes: [SL interpretation] [mechanism]*

...You see, if you talk about interpreters, we need a person who qualifies for a perfect interpreter. Not just anybody who can sign can be interpreter; you know, most of the interpreters are church interpreters, even at the University of....

This highlights the need for professionally trained SL interpreters in Ghana, as this will to some extent resolve the communication barrier Deaf persons are faced with.

Still, on accessible education, Blind persons indicate that, the norm is to attend a Blind school or an integrated school at a basic level (few schools in Ghana are designated to include blind and sighted

students). Blind participants join mainstream institutions for tertiary education but encounter experiences of stigmatization, exclusion and discrimination. This is an experience of a blind person at a university:

*P 3: DX\_M\_BP005.docx - 3:11 (35:35) (Super)*

*Codes: [attitudes towards persons with disability] [experiences of persons with disability] [inclusive education] [context] [mechanism]*

“Oh!” University education was ok! Actually, you know when I went to...initially my roommate was a little hesitant. He didn’t know how to deal with me. You know, he had never lived with a blind person, and now we are sharing room. So initially, he was a little, I’ll say, overprotective. You know, like you’ll come to the room, he wants to make sure that there is nothing in the way, you know, he wants to make sure if he’s going to buy food, do you want something, all those things. But after a period, he just realized, I was just like everybody else. So he then, we just started our normal relationship. We could make noise together, we could have our little disagreements and quarrels, and we were ok together. And then, university! The immediate challenge there was moving around. You know, it’s such a big campus, and moving, and there are a lot of open gutters around. Sometimes you meet somebody who is willing to take you around. Sometimes you meet somebody who is in a hurry and he doesn’t want to take you. You know, he will be holding your hand, yet you’ll go into a gutter, you’ll step into a gutter all the same. And then there were also people who wanted to relate to me but they just didn’t know how.

*P 3: DX\_M\_BP005.docx - 3:19 (55:55) (Super)*

*Codes: [accessibility for persons with disability] [inclusive education] [context] [mechanism]*

I had a resource person transcribe for me so that wasn’t a problem. It was when I got to the Masters, the Masters, I started by using Braille to write the initial exams and then when we got to research part computers were now becoming, you know, common place, and all that. But I wasn’t too good with it, so I had to get people to type out my work for me, and all that, but for the PhD, I did it myself. I typed the work myself. But the lecturers, erm, you know, initially they also had their reservations. I remember there was one particular lecturer when I was doing my first degree, and I was, you know, at that time, I think the final year—we had three history papers in the final year. I did religions and history first degree. So we had three history papers to do, and I was sick, so I actually wrote my papers when I was in the hospital, and you know, I topped all three papers. And this professor, he suspected foul play because he didn’t understand how a blind student will top all the

history papers, I was in the hospital too, you see. So you know, he really worked at trying to go through my papers and reduce the marks, and you know, a whole lot of things, you know, but still, you know! Oh! I had an upper but I would have gotten a first anyway, but well, but then it even doesn't matter. But he was a little sceptical, like, how is it possible? You see!

The above account clearly depicts the nature of inaccessibility and stigmatization persons with disability face in educational institutions. The professor could not accept a blind person to top his course. It would be expected that because of the level of his education, he could at least make some room for acceptance, but this was not the case. I can argue that this reinforces the influence of culture on attitudes towards persons with disability. This also reinforces the relevance of Goffman's (1963:1) theory on the degraded social identity of stigmatized people. Nothing good is expected from persons with disability, so even if DX\_M\_BP005 worked extra hard to write his examination from the hospital, he was deprived of the right to be the best student because of his disability. What is noteworthy here is that DX\_M\_BP005 did not do anything but had to accept his fate. This shows how voiceless most persons with disability in the Ghanaian society are, where they have to just accept stigmatization, discrimination and exclusion in good fate.

The experiences described above shows that even at institutions that are inclusive and integrative, persons with disability still have to deal with attitudes of stigmatization, discrimination and exclusion. Participants with physical disability attended mainstream schools but faced the challenges of physical access and stigmatization, especially from fellow pupils. To this end, it is clear that persons with disability in Ghana are faced with the issue of inaccessible education. Deaf persons are confronted with communication barriers and persons with physical disability encounter mobility barriers, while it seems that blind persons are able to integrate more easily into the mainstream schools but they are still exposed to stigmatization and accessibility issues as well.

#### ***d) Access to information***

According to the participants, one of the major challenges persons with disability face in the Ghanaian society is inaccessibility to information. This is an observable phenomenon, supported by the data, affecting mainly Blind and Deaf persons. As indicated above, Deaf persons have limited access to information due to communication barriers. The unavailability and scarcity of Sign Language interpreters are not able to serve their needs adequately. Blind persons cannot easily access information, as transcriptions of printed material into audio and Braille formats are limited. The bottom line is that persons with disability in Ghana experience discrimination when accessing rights, privileges and



resources, which is an infringement on their fundamental human rights, as indicated in the Constitution of Ghana and The Disability Act.

#### ***4.6.2.3. Lack of participation for persons with disability in Ghana***

The lack of participation in societal life experienced by persons with disability in Ghana is helpful when exploring their lack of participation in churches and theological education. This interaction is useful between social and theological factors that act as mechanisms in the accessibility for persons with disability in theological education in Ghana. Field data indicates that persons with disability in Ghana do not participate in social life. The stigmatization, discrimination, inaccessibility and extreme exclusion they experience contributes to their lack of participation in society. How is it possible for persons with disability to fully and equitably participate in societal life if they are excluded from society? My argument is that the socio-cultural constructions and perceptions of disability in the Ghanaian context accounts for their lack of participation; in that, as disability is perceived as a curse, the persons with disability or their family are also perceived as cursed. Culturally, in the traditional belief system, cursed people are an abomination to socialize with, they are either evil, or witches, or their curse is contagious. Why do families resist when members seek to marry from a family that has a person with disability as a family member?

Owing to education, modernization, and a lot of changing dynamics in the Ghanaian society, one may easily conclude that attitudes towards persons with disability are drastically changing, but unfortunately, this is not the case. Although education and awareness have helped in a way, there is still a long way to go. People cannot easily separate themselves from their culture. This became evident when the pastors, who were interviewed, despite their high level of education and Christian background, still ascribed to the perception of disability as being a curse. The best way a pastor could express this as indicated earlier on, is: “My view as a Christian, but I am also an African Christian, and I hold onto that view because I have seen it in some parts of my community, the god can punish, because of a curse on the family”. This is the reason why missiologists and intercultural/interreligious theologians stress the importance of contextualization and dialogue in order to make sense of a phenomenon. In essence, the use of the Ghanaian culture as a lens shows that the stigmatization, exclusion and lack of participation that persons with disability experience, is in the first place a cultural issue and a historical pattern. Perhaps the best way to understand their exclusion is to understand the culture and traditional belief system—a dialogue proposed by missiologists and intercultural theologians. This research serves as a kind of dialogue.

As indicated in the CMO, the Ghanaian society at large is a context, but the Ghanaian culture is a specific context in which the accessibility for persons with disability in theological education is explored. In other words, what about disability is present in the culture that affects access to theological education for persons with disability in Ghana? This is discussed in the next chapter but it is already

evident that the perception of disability as a curse, which is embedded in the Ghanaian culture and traditional belief system, triggers stigmatization and discrimination leading to exclusion and lack of participation in societal life. I therefore argue that the socio-cultural construction of disability as a curse as well as the attitudes of stigmatization and discrimination become the mechanisms which generate outcomes of exclusion and lack of participation in society within the context of the Ghanaian society and culture.

To answer the question of what is going on in this context, as posed by Swinton and Mowat (2006:95) in the second stage of doing theological research. Moreover, Luzbetak (1988:72-79) searches for cultural patterns and asks the questions of ‘who, what, when, where, what kind and how’ at level one, and the question of ‘why’ at level two of conceptualizing culture. He therefore stresses the interpersonal, organizational and communicational aspects of culture, which makes up the social environment, as being very relevant in contextualization. Additionally, in the first stage of the pastoral cycle (which is the personal agency), Kritzing (2008:771-772) also asks the questions of ‘who’ and ‘how’ in the ‘encounterology’ of cultures and religions. He also sees patterns of attitudes as important in contextualization. The above questions posed by stakeholders doing missiological and intercultural/interreligious theological research can be answered in this way: What is going on, is the stigmatization, exclusion and lack of participation of persons with disability in the Ghanaian society. The people involved are the Ghanaian society at large, and the Ghanaian Christian context specifically, and the people involved in this dialogue are persons with disability, pastors, theological institutional heads and disability experts. The ‘where’ is the Ghanaian society and Christian context, churches and theological institutions. The ‘when’ is the past, present and future—the past looks into the historic perceptions and social constructions of disability and attitudes towards persons with disability, which is embedded in the traditional belief system and culture; the present is the current phenomenon of stigmatization, exclusion and lack of participation of persons with disability in Ghana; and the future is the possible interventions that will bring about change in the praxis of the churches and theological institutions to grant equity and access to theological education for persons with disability. The ‘how’ is the influence of the Ghanaian culture and traditional belief system on the social construction of disability and attitudes of stigmatization and discrimination towards persons with disability in Ghana, which also impacts on the equal accessibility to theological education for persons with disability. The ‘why’ is that culture has a significant influence on social systems and identities, therefore, I argue that the Ghanaian cannot be easily separated from his/her culture; hence disability is perceived in the light of culture. Disability is therefore a social construct.

Küster (2003:171) and Bevans & Schroeder (2004:348-395) in the prophetic dialogue insist on the relevance of a dialogue between cultures and religions to understand a context where the gospel is being preached. This is also an emphasis of sociological-anthropological inculturation. What is going on in

this research is a dialogue between the Ghanaian culture and traditional belief system and Christianity to make sense of the phenomenon of accessibility to theological education for persons with disability in Ghana. From this dialogue, it can be deduced that persons with disability are stigmatized due to the socio-cultural construction of disability as a curse, which leads to the discrimination, stigmatization, exclusion and lack of participation from society, which also influences theological education, as will be seen in later chapters.

#### **4.7. Conclusion**

Chapter four offers a general introduction to the entire data analysis; it also presents the methodology and the way data is organized in ATLAS.ti for manageability. Thereafter, field data on the perceptions and constructions of disability within the Ghanaian context were presented and analysed. Attitudes of stigmatization, exclusion and the lack of participation of persons with disability in the Ghanaian society were also discussed. Chapter four is the first part of the data analysis, and is useful when exploring the equity and access to theological education in the next chapter, which is more focused on the theological aspects of this research.

Chapter four can therefore be summarized as follows: In the first place, it is evident and confirmed that the Ghanaian culture and traditional belief system has an influence on the social construction and perception of disability in the Ghanaian context. This is depicted in the way disability is socio-culturally constructed as curse, which has an influence on the Ghanaian societal attitudes towards persons with disability. Also, disability is constructed in various ways based on the different contexts in this study, i.e. persons with disability, disability experts and pastors. Previous research on disability in Ghana emphasizes that disability is usually constructed according to the medical and moral models of disability. However, of significance here, is that this research discovered that disability is also constructed according to the social model of disability; contextualization was helpful in reaching this conclusion. Therefore, social constructions of disability in Ghana reflect the medical, moral and social models of disability.

The focus of the research is on the social and theological factors that influence equal accessibility for persons with disability in theological education in Ghana. There is interaction between the social and theological factors in the next chapter but it is already evident that disability is socio-culturally constructed and perceived as a curse in the Ghanaian society, which is also reflected in the Ghanaian Christian context. Moreover, it is evident that persons with disability in Ghana experience stigmatization due to the way disability is constructed as a curse, which is embedded in the Ghanaian culture and traditional belief system. This reinforces the influence of the Ghanaian culture on the experiences of persons with disability in the Ghanaian society. Furthermore, from this study it is established that the stigmatization of persons with disability in Ghana leads to attitudes of

discrimination and exclusion. The exclusion of persons with disability further leads to their lack of participation in the Ghanaian society.

The CMO configuration can be summed up as follows:

Within the Ghanaian context as described above, the way disability is socially constructed as a curse, which is embedded in the traditional belief system, triggers stigmatization and inaccessibility for persons with disability. The stigmatization and inaccessibility they experience are mechanisms that trigger outcomes of exclusion and lack of participation from the Ghanaian societal life. The next chapter seeks to use this social evidence to interact with theological factors in exploring the equal accessibility for persons with disability in theological education in Ghana.

## CHAPTER FIVE

### Findings and data analysis - Exclusion of persons with disability from theological education in Ghana

#### 5.1. Introduction

The preliminary chapters presented the background, research problem, research questions, theoretical framework, methodology and literature review of this study titled, ‘Equity and access for persons with disability in theological education, Ghana’. Chapter four introduced the data analysis from a socio-cultural perspective. It was established from the data that disability is constructed differently in the various contexts of the larger Ghanaian society. However, the general perception and social construction of disability is as follows: disability is a curse from the gods on a family due to an abomination committed by a person with disability, a relative or an ancestor. This social construction of disability (as a curse) is embedded in the Ghanaian culture and traditional belief system, and triggers the stigmatization and exclusion of persons with disability. Chapter five further explores the socio-cultural construction of disability as a curse, the sufferance of stigmatization, and the exclusion of persons with disability in the Ghanaian society. This is done in order to establish the influence on equal accessibility to theological education.

Chapter four presents the social factors that influence the stigmatization and exclusion of persons with disability from the Ghanaian society at large. At this point, these social factors are linked to theological factors to explore accessibility for persons with disability in theological education in Ghana. This forms part of the third stage of Swinton and Mowat’s framework for analysing theological data and entails theological reflection, which includes critically reflecting on the praxis of the church and theological institutions in the light of Scripture and tradition. The focus here is on the “theological significance of the data” (Swinton and Mowat, 2006:95). This contributes to a dialogue between the Ghanaian culture/traditional belief system and Christianity in making sense of the disability situation with regards to theological education in Ghana. Hence, this study is a form of inculturation as proposed by missiologists as well as intercultural and interreligious theologians like Bosch (1991:448), Küster (2003:171), Kritzing (2008:771, 772), amongst others. According to Swinton (2011:277), cultures influence church attitudes towards persons with disability, therefore the influence of the Ghanaian culture and traditional belief system on church attitudes towards persons with disability and the implications on access to theological education for persons with disability is explored and evaluated. It is worth mentioning that sociological-anthropological inculturation takes into account various sociological and anthropological aspects of culture in dialogue with Christianity. This is what this research seeks to achieve but the focus is mainly on social and theological factors that influence equal accessibility for persons with disability in theological education in Ghana.

The first section explains the pastoral/praxis cycle, followed by an analysis of the disability situation in the Ghanaian church, which takes into account the attitudes towards persons with disability and experiences of persons with disability in the Ghanaian Christian context. The chapter concludes by summarizing the core issues of this study, highlighting the exclusion and lack of participation of persons with disability in theological education in Ghana.

## 5.2. Pastoral/Praxis Cycle

As indicated in chapter one, this study uses missiological concept of contextualization (inculturation), which proposes a dialogue between culture and Christianity in order to make sense of the disability phenomenon in Ghana. Missiology has praxis as a core element. Kritzinger's (2008:771-786) pastoral/praxis cycle is an intercultural/interreligious contextual approach to missiological research. It is a useful approach in the dialogue between the Ghanaian culture/traditional belief system and Christianity, regarding equal accessibility for persons with disability in theological education in Ghana. The pastoral/praxis cycle as well as other intercultural/interreligious concepts of contextualization used by scholars such as Wuthnow (1992:37), Luzbetak (1988:72-79), Bosch (1991:447), Küster (2003:171), and Bevans and Schroeder (2004:385) are further explored in this chapter. Ukpong's (1999:109-113) elements of interpretation in sociological-anthropological inculturation (context, text and interpretative framework) permeate the praxis cycle; however he prefers the interpretative framework to personal agency, as in the praxis cycle. I see the 'text', as proposed by Ukpong, as being relevant here, so I have included central biblical texts on disability and stigma (3.7, 4.3.1). I uphold both the personal agency (as indicated by Kritzinger) and interpretive framework (as indicated by Ukpong), as relevant in this dialogue. This is not a step-by-step approach to the praxis cycle but it is reflected in the data analysis; it shows a glimpse of what is going on in the data analysis.

According to Ganzevoort & Roeland (2014:91), praxis "focuses on what people do rather than official institutionalized religious traditions". Faix (2007:113) "describes the empirical-theological praxis cycle as a methodological base for fundamental research in missiology," but Kritzinger (2008:771-786) takes the empirical-theological praxis further, by proposing the pastoral cycle/praxis cycle as a way of doing missiological research. He sees mission as 'encounterology' and "uses a seven-point praxis cycle to indicate what such an 'encounterology' could look like". Below is the praxis matrix followed by an interpretation of the praxis/pastoral cycle.

## The Praxis Matrix



Figure 3. Praxis Matrix (Kritzinger, 2013:37).

The seven dimensional cycle as proposed by Kritzinger (2008:771-786) consists of the following elements:

- a) **Personal agency** – the personal relations between a Christian/s and people of other faiths is a very relevant issue in missiology, and asks ‘who’ and ‘how’ regarding the partners in the encounter, so that issues of “attitudes of inferiority or superiority, fear or anger, play a central role in how people relate” (Kritzinger, 2008:771). Thus, how persons with disability in Ghana experience exclusion from the society as a whole becomes important in exploring their equal accessibility to theological education. In this case, the relationship between Christians, churches, theological institutes and persons with disability, and the discriminatory and exclusive attitudes towards them is worth exploring further. In this study the agencies are: persons with disability, pastors, theological institutional heads and disability experts. Their construction of disability, both in the Ghanaian culture and Christian context, are relevant in evaluating the equity and access to theological education for persons with disability in Ghana.
- b) **Context analysis** – “It focuses on the historical and structural factors that have given shape to a society and keep on influencing how people within that society relate to each other” (Kritzinger, 2008:771). This is why the Ghanaian cultural context becomes relevant in analysing the stigmatization and exclusion of persons with disability from theological education. The way disability is attributed to a curse, which excludes persons with disability from societal life, is relevant in this regard. The CMO configuration pattern is useful in exploring these contextual issues regarding the extreme exclusion of persons with disability, which is embedded in the culture and traditional belief system. The context of this research also includes different groups of participants: persons with disability, pastors, theological institutional heads and disability experts. Here, the socio-cultural construction of disability as



a curse and its influence on Christian constructions of disability, and attitudes of constant pressure and demand for healing is further investigated and evaluated. Ukpong (1999:109) emphasizes context (total and specific) in inculturation.

- c) ***Ecclesial analysis*** – “An analysis of the history of both the religious communities represented in the encounter, particularly if there were instances of injustice and alienation in the past that still affect their relationship” (Kritzinger, 2008:771). In the same light, the stigmatization and exclusion of persons with disability from the Ghanaian society, which is embedded in their culture, becomes relevant when investigating their equal access to theological education. I see the text as an element of inculturation, as indicated by Ukpong (1999:111), and as being relevant here because he explains that Church doctrines, teachings and practices may not be texts in themselves but point to the text as they are interpreted. The exclusive attitudes of churches and theological institutions, as discussed below, are relevant in this regard.
- d) ***Theological reflections*** – “This dimension is to explore how each religious community views other religious traditions, specifically the “other” tradition represented by the partner in the encounter” (Kritzinger, 2008:772). Thus, how Ghanaians construct disability in the traditional belief system enhances the analysis of how disability is constructed in the Christian context.
- e) ***Spirituality*** – “One of the most significant factors influencing interreligious encounter is spirituality, that is, the way the partners experience the reality of their faith, which provides the depth dimensions of the interreligious encounter” (Kritzinger, 2008:772). According to Swinton (2002:29), the spiritual dimension of the lives of persons with disability has been neglected, however, spirituality is a fundamental right for everyone. This is a major focus of this study, whereby accessibility for persons with disability to churches, theological education and pastoral ministry is explored and evaluated.
- f) ***Practical projects*** – another important factor that determines the shape of interreligious encounters is the concrete projects the partners are involved in within their respective faith communities, particularly as they relate to other faith communities” (Kritzinger, 2008:772). Thus, the question of how theological institutions can provide equal access for persons with disability becomes paramount in this case.
- g) ***Reflexivity*** – the seventh, and final dimension of the praxis cycle/field brings us back again—full circle—to personal agency, raising questions like: What is the quality of our agency? Is our engagement with the other dimensions of the cycle helping us to relate more sensitively and purposefully, with greater integrity and depth, with people of other religious persuasions? (Kritzinger, 2008:772). Although I treat all data as ‘fresh’ information in need of further exploration, my experience as a Ghanaian within the culture, as a pastor within an exclusive church community, and as a seminary lecturer within the exclusive theological educational context are all relevant in the dialogue between persons with disability, theological institutional heads, pastors and the observations made in this study. However, my personal experiences (as

indicated in the motivation of this research in chapter one) are helpful in the critical reflection and analysis.

This framework of the pastoral cycle gives an idea of what intercultural/interreligious dialogue from a missiological dimension should look like. These concepts are reflected in the dialogue between the Ghanaian culture/traditional belief system and Christianity regarding accessibility for persons with disability in theological education in Ghana.

### **5.3. The Ghanaian Church and Disability**

The study explores church attitudes towards persons with disability and how the experiences of persons with disability within the Ghanaian Christian context influence their equal accessibility to theological education. I argue that it is relevant to investigate the Ghanaian church as it relates to the issues of disability because theological institutions train church leaders who are normally sent out by churches, and eventually return to churches for ministry. Hence, whatever attitude the church has towards persons with disability possibly impacts their access to theological education. This is a descriptive and critical analytical analysis of church attitudes obtained from interviews with pastors, disability experts and persons with disability; interviews with Deaf persons at an integrated church, hearing members and pastors of this church; and observation of a Sunday service of the church, which includes Deaf persons. What is explored in this section is accessibility for persons with disability; faith/healing sermons that require persons with disability to be healed as a common pattern, and relevant attitudes, especially among Pentecostal/Charismatic churches towards persons with disability. In addition, pastoral ministry for persons with disability is also explored.

According to Swinton (2011:274), the starting point for theological discourse on disability is to first recognize and admit that persons with disability experience marginalization and exclusion from the ministry of churches; Ghanaian churches and theological institutions are no exception. In Ghana, general attitudes towards persons with disability are that of extreme exclusion and lack of participation and charity. Likewise, these experiences of persons with disability in the larger Ghanaian society are similar to that of the church. The general extreme exclusive attitudes of Ghanaian churches towards persons with disability are projected in this pastor's response below to the question of whether they have any ministry towards persons with disability:

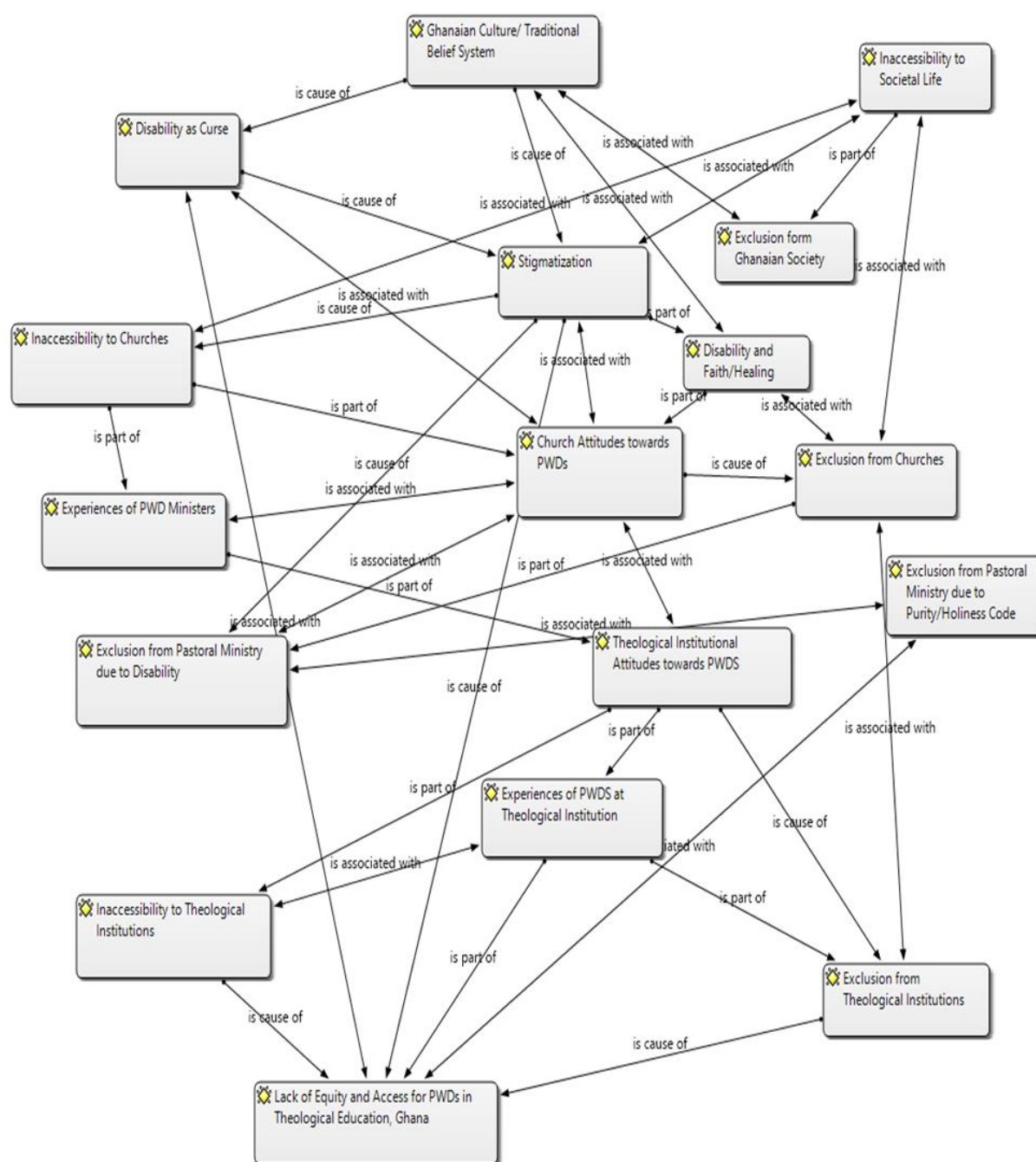
*P20: P009.docx - 20:10 (23:23) (Super)*

*Codes: [access to church] [involvement in disability ministry] [mechanism] [context]*

For now, I will say that as an individual, No! And as a pastor of the ...church we have not put any definite plan so far as I'm concerned. We don't have any definite plan in ministering specifically to people with disabilities, we don't actually have anything. I have not come across any policy, anything about it.

As this response shows, persons with disability do not feature in any of the plans of many of the churches in Ghana. They are therefore extremely excluded, and as Weiss et al. (2006:279) state, stigmatized people experience 'social disqualification'. The Ghanaian socio-cultural context is relevant in this case, as persons with disability (who are viewed as being cursed) are generally stigmatized, marginalized and excluded from society. This is also reflected in the churches' exclusivity. In the CMO configuration, socio-cultural construction of disability as a curse triggers church attitudes of stigmatization, which generates outcomes of exclusion and lack of participation. In other words, the CMO acronym used in this study is explained as follows: the 'C' indicates the socio-cultural context and the Christian context. The church attitudes of inaccessibility, faith/healing sermons, among others, are represented by the 'M' (mechanisms), and exclusion and lack participation in pastoral ministry and theological education for persons with disability are the 'O' (outcomes). Therefore, the cultural religious resources mediate the relationship between stigmatization and exclusion of persons with disability from theological education in Ghana. The *why* and *how* are expounded on in more detail in subsequent sections. Below is an ATLAS.ti network view presentation of the summary of findings of the interactions between socio-cultural and theological factors that influence equal access for persons with disability in theological education in Ghana.

## The Exclusion of Persons with Disability from Theological Education in Ghana



**Figure 4. ATLAS.ti Network view of summative conclusion of chapter five.**

The ATLAS.ti network view indicates the following:

There is an interaction between social and theological factors that influence accessibility for persons with disability in theological education in Ghana, as was intimated in the research question. It was established in chapter four that the socio-cultural construction of disability as a curse in the Ghanaian culture and traditional belief system is the cause of the stigmatization, inaccessibility and exclusion persons with disability experience in the Ghanaian society. Contextualization, focusing more on sociological-anthropological inculturation, was helpful in the dialogue between the Ghanaian culture,

traditional belief system and Christianity regarding disability. It was discovered that the stigmatization of persons with disability, which is embedded in the Ghanaian culture, accounts for the lack of accessibility to churches and theological institutions. This is also reflected in the Ghanaian churches and theological institutional attitudes towards persons with disability and their experiences at theological institutions, and experiences of ministers with disability. Figure 4 also illustrates that biblical perceptions of disability and healing/exemption of persons with disability from the high priesthood and certain Levitical duties has led to the exclusion of persons with disability in pastoral ministry, which further leads to exclusion from theological education. In addition, it is evident from this study that persons with disability in Ghana are excluded from pastoral ministry and theological education due to disability. All the aforementioned causes and effects have led to the lack of equity and access for persons with disability in theological education. This matrix informs the data analysis in the following sections.

### **5.3.1. Accessibility for persons with disability in Ghanaian churches**

It is evident from this research that general church accessibility for persons with disability in Ghana is relatively low. Accessibility differs in terms of disability. The focus is on physical architectural access and access to information (i.e. Sign Language, Braille and audio). It must be noted that the different contexts within the same participant groups also shows that the issue of access cannot be clamped together as one issue. There is therefore the need to explore and evaluate “what works better for whom,” as proposed by realistic evaluators. In this section, accessibility is viewed from different perspectives, i.e. the context of persons with physical disability, Deaf persons and blind persons. Creamer (2012:339) is of the opinion that the best ways to grant accessibility for persons with disability is to address the accessibility with diversity, tailoring it to the particular needs of the different groups of persons with disability.

#### ***5.3.1.1. Access for persons with physical disability***

It is rare to find accessible facilities in Ghanaian churches, since most of the time access is an afterthought. Some churches try to provide accessible routes when the need arises (i.e. should there be a wheelchair user). However, the extreme inaccessibility for persons with disability is evident in the way many wheelchair users are carried in order to access church buildings. This is what some participants had to say:

*P 8: PPDM.docx - 8:40 (156:156) (Super)*

*Codes: [access an afterthought] [access to church] [mechanism] [outcome]*

Yes, there are! I can remember when I went to ...they didn't have access there; the routes were all steps unless they come to lift my wheelchair in. But one of the pastors, an Ewe Pastor... read it and decided they had to do something. So after a while they did because of me, so it is still there now.

*P 8: PPDM.docx - 8:41 (158:158) (Super)*

*Codes: [access to church] [context] [mechanism] [outcome]*

...almost all the churches coming have high buildings...how would you be able to go? You can't! And they know you will find difficulty coming there so they won't even invite you.

From the above responses, it is evident that wheelchair users experience difficulty accessing church buildings. Accessibility in the Ghanaian society at large is completely lacking. Even though the constitution of Ghana and the Disability Act clearly indicate that all public places must be accessible, in reality this has not yet been actualized. In fact, parliament itself is inaccessible. This extreme exclusion is unsurprisingly evident in churches as well. But what is most worrying is the current type of architecture that many of the churches are adopting—high buildings, as indicated by PPDM. For him (PPDM), the architecture is enough to send the message of exclusivity loud and clear, because the church buildings are inaccessible. Persons with physical disability are therefore excluded, and cannot participate in the services and ministries of many of the Ghanaian churches.

### ***5.3.1.2. Accessibility for Blind persons***

Accessibility for Blind persons differs from that of Deaf persons and persons with physical disability. Physical access and access to information is required for persons with disability to be fully integrated into the ministries of the churches. Blind persons are generally excluded from churches because of stigmatization and the general perception that they should not continue to live with their disability; this is mostly the view within the Pentecostal/Charismatic context (and will be discussed further in a later section of this chapter). However, the very few who are able to attend church services face the problem of access. Blind persons who are educated, are able to access audio and Braille Bibles but cannot access other Christian literature. This is how a participant puts it:

*P 3: DX\_M\_BP005.docx - 3:36 (94:94) (Super)*

*Codes: [access to church] [church attitudes towards persons with disability] [Pastors' attitudes towards persons with disability] [mechanism] [context]*

I remember I went to one church and the pastor had written a book and it was advertised ...so I said, I want to buy a soft copy of the book. So I asked if I could have, like, a copy on a cd or something? And then somebody from behind said, “No! That will be dangerous because people could copyright and they could pirate it”. You see, and I was like, but if you buy the hard copy too you can scan or we can photocopy too, I mean, it is the same thing. But you know that this thing hasn’t been created yet. So if it comes to physical access, I will say, the churches haven’t done really too much. I mean, they haven’t done too much when it comes to physical access for persons with disabilities.

It is evident that most Ghanaian churches’ attitudes towards Blind persons are negative and stigmatizing. The above response shows that there is minimal access to the book, as DX\_M\_BP005 requested access, and the response was negative and exclusive. The person who commented that it is dangerous to give out a soft copy of the book obviously did not think of access. As already indicated above, accessibility is most often an afterthought by Christians, and for that matter, churches in Ghana as well. This also reflects the general attitude of stigmatization and exclusion that persons with disability experience in the Ghanaian society at large. In CMO, the lack of access to the book is a mechanism, and the lack of participation or exclusion from accessing the information in the book is the outcome.

### ***5.3.1.3. Accessibility for Deaf persons***

The nature of accessibility Deaf persons require from churches differs from that of blind persons and persons with physical disability. The main barrier for Deaf persons in the general Ghanaian society is that of communication. The lack of Sign Language interpretation excludes Deaf persons from accessing rights, privileges and resources; the church is no exemption. For that matter, Deaf persons in Ghana have few churches that are made up of only members who are Deaf. One particular denomination has a long-standing history of including Deaf members in selected congregations. There is another church that has included Deaf persons because of the pastor’s personal interest in granting access to these individuals. However, this access is limited to his congregation and does not reflect the standpoint of that denomination. One of the biggest Pentecostal denominations in Ghana has also recently started a ministry for Deaf persons. As indicated in the field research, Deaf persons explained that they are extremely excluded from society and churches because of the lack of Sign Language communication. Their exclusion is portrayed by the purely Deaf congregations and the very few accessible churches. Below is a short excerpt of what some of the Deaf persons had to say about access. One of the disability experts identified the starting point of the problem of accessibility for Deaf persons as being the lack of institutions that provide training in Sign Language interpretation:

*P 4: DX\_M003.docx - 4:5 (57:59) (Super)*



*Codes: [SL interpretation]*

...demandable we are not doing that, we can talk about Legon, talk about Winneba doing something. People go there to learn issues about disability but they only learn them as part of their program, we don't take it as, for example, Sign Language interpreters. Mr....and a few others, they learn on their own, they were taught by the Church of... or Deaf people themselves. We don't have institutions teaching Sign Language or we don't have institutions majoring in disability. Now we can say that some institutions have started something but it's not in our school calendar and we don't have some of these things being practiced at home.

In the first place, it is identifiable that in Ghana, Deaf persons experience extreme exclusion because of the lack of communication. There is rarely any formal training for Sign Language interpreters. Even interpreters used by the national television stations for news are from various churches. The universities mentioned above are the main government universities where courses like social work and special education are taught. But from the above data, some courses in disability are taught, but not courses in Sign Language. The high level of exclusion of Deaf persons from the Ghanaian society is also depicted in the exclusion of persons with disability from churches.

#### ***5.3.1.4. Observation at a church which includes Deaf persons***

Aside from the individual and focus group interviews, a joint service at a church that included Deaf persons was also observed. The Deaf members are included in this congregation because the pastor once encountered a lot of Deaf persons around an area he lived in when he started his ministry. He befriended these individuals, but soon realized that there was a communication barrier. He applied for a scholarship in the USA to study Sign Language and Deaf ministry, after which he started a ministry for Deaf persons. He trained his associate pastor in Sign Language, who is in charge of the congregation of Deaf persons. An interview with the pastor indicates that when they started the ministry, Deaf persons and hearing members worshipped together every Sunday but the members who were Deaf requested for their own congregation. They finally decided on a joint service once a month.

During the joint service, Deaf persons were assigned rows in the front so that they could have access to the interpreter. The interpreter was a junior pastor; during the service he stood on the side of the stage and interpreted everything including the prayers, songs, announcements, and the actual sermon. Before the main service began, there was an adult Sunday school where congregants were placed in different language classes including a class for Deaf persons. What I appreciated most was how the Deaf persons could express themselves by signing their songs. They also sang along with the hearing congregants.

They kept nodding as a sign of understanding and approval, while discussing issues among themselves during the preaching of the sermon.

Observations and interviews with Deaf members and hearing members indicate that Deaf members are happy to be at this church, as many other churches remain inaccessible. They often enjoy social events like weddings and funerals together. Hearing members love to attend the weddings of Deaf members. Although both hearing and Deaf persons occupy the same church, there is still some degree of exclusion, as there are no Deaf members serving on the church board, even though they have leaders who are Deaf at the Church for Deaf persons. Marriages are mostly between Deaf and Deaf persons, as marriages between Deaf and hearing persons usually do not last. Hearing members stressed that Deaf members are difficult to deal with because they are often suspicious of what is going on around them. This also shows that they do not always have full access to information. From the interviews with the pastors, two Deaf members were sent abroad to train as pastors but left the church upon their return to start their own church. There is also added pressure on the pastor in charge because he has to follow them to the hospital, school, and other places to interpret for them. He moves around with them at his own expense, free of charge. His generosity extends to Deaf persons who do not even attend church. This stresses the fact that, as already indicated by a disability expert earlier on, there is a scarcity of Sign Language interpreters except those from the churches.

The other impressive observation made was the physical accessibility of the church. This was not part of the initial observation, as the main focus was on Deaf persons. However, on the Sunday of the observation, a lady with a physical disability visited a friend, and although the Church was built on a storey, behind the altar was an access route. This shows that if pastors have some training in disability matters, their churches are likely to be more accessible because the focus of this church is on Deaf persons; however, they have also made provisions for physical access.

The observation of the church above shows that if persons with disability are granted access, they are able to worship and serve God more contentedly. Swinton (2002:29) highlighted that the spiritual dimension of the lives of persons with disability are neglected. In any case, this is their fundamental human right, which also enhances their well-being. The pastor and his leaders must be commended for taking this bold step; this is a step in the right direction. Disability theologians like Reynolds (2008:222, 243), Swinton (2002:29), Webb-Mitchell (2010:78) and Möller (2013:34), among others, stress the need for churches to be more welcoming of persons with disability, so that they are not considered strangers. The best way to ensure inclusion and integration is to have accessible facilities and programs.

### 5.3.2. Christian perceptions of disability and faith/healing in Ghana

The Ghanaian Christian perceptions of disability and healing/faith is relevant in exploring equal accessibility for persons with disability in theological education in Ghana. This is because there is a direct link between churches and theological institutions, as indicated above. In this section, the context of pastors and persons with disability, as indicated in the CMO, are evaluated according to the perceptions of healing/faith and disability. This is helpful in demonstrating the expectations of pastors in contrast to persons with disability, and see how this influences the equity and access of persons with disability in theological education in Ghana.

Currently in Ghana, it is common to see advertisements of wheelchairs and crutches, and persons with disability testifying about healing miracles on television. Persons with disability are constantly invited to attend healing crusades. As discussed in chapter 3, Shiriko (2011:171) stresses that to the African, there is always a spiritual cause for disability. Similarly, Onyinah (2006:121-122) argues that Ghanaians seem to rule out other causes of disability, and that attributing disability and other diseases to demoniac influences is rooted in their traditional belief system. According to Swinton (2001:40), the pressure faith/healing preachers place on persons with disability for healing miracles suggests a theological extension of the medical model of disability. In chapter four, it is established from the data that disability is socially constructed as a curse in the Ghanaian culture and traditional belief system, but many Pastors hold to the same constructions as they acclaim they are African Christians.

The Ghanaian Christian construction of disability to a large extent, especially among Pentecostals/Charismatics, is that it is a curse or demoniac/witchcraft activity, so it must not be entertained. Pastors will often make reference to biblical passages of healing, and thereby demand that persons with disability, especially Christians, cannot remain with their disability but must be healed. When persons with disability attend church, they often experience pity, stigmatization and exclusion. Pastors will often deviate from the main theme of their sermon to preach about faith, healing, miracles, sin, curse and hospitality to the poor. This often makes persons with disability uncomfortable, so they prefer to rather not go to church. This was recorded in chapter three (3.7.5) as the plight of persons with disability in East Africa. This also depicts that the stigmatization and exclusion persons with disability experience can be generalized in Africa and beyond, as experiences are similar in nature. This is what some persons with disability had to say:

*P 8: PPDM.docx - 8:3 (15:15) (Super)*

*Codes: [healing] [mechanism]*

So they see you that, if you are in church, or you come to church, so there is a curse on you, or it is something else. They perform up to the extent that, that moment you have to

stand up on your feet before it looks to them that you are a human being. But without you standing on your feet, it means you are not a human being so they reject you. And this matter is in the church, in the family, in all the areas you are in. It is there the same way that anybody that they see in a wheelchair or walking, it is a curse. So that's why I started by saying it is lack of knowledge, because the Bible says because of knowledge that my children lack, they perish. So that's how I see it in the churches.

*P30: FG\_BP\_M.docx - 30:91 [you know I go to church not be..] (407:407) (Super)*

*Codes: [healing] [spirituality of persons with disability] [mechanisms]*

You know, I go to church not because am going for healing or anything else. I go to church because I want to worship God. Yes, so the church should not always have the perception that we are always coming to church because maybe we want to be healed. Yes, if God do ask me right now, Kofi, what can I do for you? I am not going to tell God that, God I want to see. I will say something different from maybe my vision.

From these findings, I argue that the socio-cultural construction of disability as a curse has an influence on churches attitudes towards persons with disability in Ghana. Most of the Pentecostal/Charismatic churches do not make room for disability at all, as they see salvation as holistically liberating, so disability must not be tolerated in any way. According to PPDM, the experience of persons with disability at churches demanding healing is quite dramatic, because pastors insist on a healing miracle to take place. He links these attitudes to the socio-cultural construction of disability, which is viewed as a curse in the Ghanaian culture and traditional belief system. Also, the way persons with disability are perceived—as being abnormal—is also portrayed. Goffman (1963:3) is of the opinion that stigmatized people are regarded as less human, as society categories people into a particular social identity. Therefore, the identity of persons with disability in Ghanaian churches is that of a degraded social identity, just as in the society at large. Meanwhile, another Blind person in one of the focus group interviews stressed that persons with disability do not go to church to be healed but to worship God. Swinton calls this healing pressure on persons with disability as the spiritual dimension of the medical model of disability because this model sees disability as a condition that needs a cure or an intervention. Swinton (2001:25, 47, 48) also said that disability needs no healing; persons with disability must be accepted and valued for who they are because they are equally created in the image of God. This study is a dialogue between the Ghanaian culture and traditional belief system and Christianity regarding disability and theological education for persons with disability in Ghana; an interaction between social and theological factors as posed in the research question. Wuthnow (1987:10-11; 1992:37), Luzbetak (1989:72-79), and Kritzing (2008:764, 767, 769), among other intercultural theologians, emphasize the important of contextualization in doing theological research, which is indicated in the praxis cycle.

Kritzinger (2008:773) sees the significance of the agencies involved in the dialogue. Therefore, the perceptions and constructions of persons with disability themselves and pastors on healing/faith and disability help in understanding the stigmatization, exclusion and lack of participation persons with disability experience in the Ghanaian churches and theological institutions. Thus, persons with disability face significant pressure from churches to be healed, while simultaneously wanting to worship God and fellowship. In the case of healing and faith regarding disability, the context is relevant as there are contrasting views of healing; pastors versus persons with disability. This is what some pastors had to say about disability and healing/faith:

*P28: TI004.docx - 28:6 (19:19) (Super)*

*Codes: [faith] [healing] [mechanism]*

Yah, it is possible for somebody's disability to be corrected by faith and faith healing. It's possible, and the Bible actually testifies to that.

*P19: P008.docx - 19:4 (18:18) (Super)*

*Codes: [faith] [healing] [mechanism]*

Yeah, I mean, so miracles if you have faith in God then you receive your miracle. So faith plays a very important role in miracle. If you take God's Word as it is and you believe it, it will manifest in whatever your situation is. So when you are sick and read the Word of God, and you say, God is a healer, I heal every disease. If you read the Bible it says by the stripes of Jesus you were healed and you believe it and appropriate those words, you will see the result. So I think faith plays a very important role in miracles.

*P27: TI005.docx - 27:4 (22:23) (Super)*

*Codes: [faith] [mechanisms] [healing]*

It happens, God can heal. If we look at the Bible, when John and Peter were going into the temple and they saw the guy there. They said: "Look to us!" And they sought to see whether he had faith and he was healed because of the faith he had. First and foremost, it is the faith we have in the healer, then probably the one who also is going to heal, the faith he also has with the Healer because when we talk of miracles now, we talk about three people: We have God, we have the disabled person and we have the pastor, or let's say the minister who is going to do the healing, so he has to depend on God because the healing comes from God and the one to be healed (the disabled person) needs to also have faith.

*P27: TI005.docx - 27:5 (26:28) (Super)*

*Codes: [fake healing/miracles] [healing] [mechanism]*

(We cannot), personally, I will not say everything is false. We have false prophets and if we have false, then we have good prophets also, and so, some are genuine. Personally, I witnessed one when I was in Koforidua. I was told it was arranged. A man who was using crutches got there and he was healed. The man (preacher or the prophet) actually broke the crutches. Apparently, I knew this man; he was just staying close to us. The following day, he was looking for his crutches again and they had to make new ones for him. So, I don't know what type of healing that was? On that same campaign...

The above participants are all pastors, but some are theological institutional heads, who are also pastors. It is evident that there is a contrast of perceptions on faith/healing and disability in the Ghanaian Christian context, whereas persons with disability see the constant pressure from pastors for healing as dramatic and unnecessary, as they go to church to worship and not to receive healing. Pastors, on the other hand, are convinced that persons with disability must be healed, and therefore require faith for healing to take place. I argue that these attitudes from pastors can be linked to the social construction of disability as a curse in the Ghanaian culture and traditional belief system. Persons with disability in the first place are perceived as cursed so the pastor sees it as a duty to break that curse; hence the constant stigmatization and pressure for the necessity of exorcism. Pastors also make reference to biblical healing accounts, which justify their perceptions on faith/healing and disability. This highlights the position of disability theologians like Claassens (2013:55) and Reynolds (2008: 34-35), among others, that the Bible has impacted negatively on church attitudes towards persons with disability, which evidently is also the case in Ghana. The data also proves that some of the healing miracles advertised are bogus, as indicated by TI005. According to Black (1996:60), in her hermeneutic/homiletics of John 9 she indicates that Jesus reached out to the Blind man and healed him, showing that the faith of a person with disability is not always a determining factor for healing. Pastors are also of the opinion that although God does miracles, God's sovereignty has a major role to play; this is why many persons with disability are not healed. They also conclude that disability is for the glory of God. They often make reference to the account of Jesus in John 9 and his encounter with a blind man.

*P13: P002.docx - 13:6 (24:24) (Super)*

*Codes: [faith] [healing] [Sovereignty of God] [mechanism]*

Alright you know again theologically, we know God heals, we know very well that if we have faith in God the impossible can become possible. But in the sovereignty of God he

knows what he deems fit for his creation and I want to equally say something, Jesus came on earth here when he went to the pools of Bethesda....

*P12: P001.docx - 12:4 (13:13) (Super)*

*Codes: [for the glory of God] [mechanism]*

Of course, erm, the Bible also gives us the indication sometimes, this disability comes in so that the glory of God will be seen and known. It could be that out of it a miracle will come and then we will see the manifestation of the power of God. It could be the person will grow up to become somebody so great despite the disability and we will still see the goodness of God in him. So, erm, we will leave it to God to tell us later on, you know, why he allows certain things to pass on.

In his article titled, 'Biblical Perspectives on Disability,' Githuku (2011:93) is consoled that in John 9 Jesus corrected the stigma that is attached to disability by linking it to the glory of God instead of sin. Although many disability theologians maintain that the Bible has reinforced negative attitudes towards persons with disability in the church, it must also be refreshing to note that the Bible too can be a mechanism to change these negative perceptions. Jesus disagrees that disability is caused by the sin of the person with disability or his/her relatives. According to Black (1996:60-64) in her interpretation of the John 9 healing account of the blind man by Jesus, even though Jesus negates the perception of sin as the cause of the disability, the link to the glory of God has raised a lot of theological controversies, which is likewise oppressive to persons with disability. Moreover, the above participants mentioned the sovereignty and glory of God as reasons for the disability. P001 still makes room for healing in his interpretation of the glory of God or a person with disability in his state of disability could be a great achiever. This also shows how Ghanaians have not come to terms yet with the successes and achievements of persons with disability because it is normally seen as extraordinary, as Goffman (1963:5) points out in his theory of stigmatization and social identity.

In the CMO there are two contrasting contexts regarding disability and faith/healing: Pastors and persons with disability. The socio-cultural construction of disability as a curse and biblical accounts of healing trigger pastors attitudes of stigmatization and constant pressure for persons with disability to obtain healing through faith. Whereas, the stigmatization/constant healing pressure from faith/healing preachers trigger the exclusion of persons with disability from Ghanaian churches, which further influences their accessibility to theological education in Ghana.



### 5.3.3. The Bible and stigmatization of persons with disability in Ghana

Claassens (2013:55), Reynolds (2008:34, 35), and McNair & Sanchez (2008:36), among other disability theologians, have emphasized the negative influence the Bible has had on church attitudes towards persons with disability, i.e. as is evident in the stigmatization and exclusion of persons with disability in Ghanaian churches. Indeed, the Bible as a religious resource does facilitate the stigmatization and exclusion of persons with disability, as posed in the research question. Interpretations of biblical texts reinforce socio-cultural constructions of disability as a curse, resulting in the stigmatization, oppression and exclusion of persons with disability from their ministries. Some biblical themes that emerged here are: disability as a result of the Fall/sin, disability as a result of demoniac activity, the glory of God, the sovereignty of God, faith/healing/miracles, *imago Dei*, and exclusion from pastoral ministry due to the holiness code. Most of these themes have been discussed in various sections of this chapter (cf. 5.3.2; 5.4.1; 5.4.2; 5.4.3). This is what some participants had to say:

**P17: P006.docx - 17:3 (15:15) (Super)**

*Codes: [disability as a result of the fall] [disability as a result of sin]*

Yeah! So then, one might even ask then, if that is the case, ‘why are some born?’ Or, ‘how come people are disabled?’ Because we are doing a theological study, probably, we might need to go to the Bible and we’ll realize that all the instances, especially in the Old Testament, where disability was attributed to [man] had come about because [man] had, as it were, missed the mark or fallen short of what God expected of him or her. And so God had said in several places in the Old Testament, that if people do not obey his voice, or his Word, he will send sickness and illnesses, and what have you. In fact, in Deuteronomy and Leviticus we can recount a number of them: mild dew, leprosy, blindness, and what have you. So this could let us conclude that initially God had not purposed anybody to be disabled, but along the line, when men disobeyed God, God had allowed them to be disabled in one form or the other.

**P27: TI005.docx - 27:2 (15:15) (Super)**

*Codes: [disability as a result of the fall]*

Erm, once we don’t match up to the standard that God created us with, then we all have a disability. God is perfect, God is holy, etc. ...and that is his plan, his thoughts for us. But we have fallen short of that standard. Once we have fallen short of that standard, we see these problems coming to us. I remember, he was telling the Israelites, “If you will obey my commandments....” I was saying that God made us perfect in his image but because

of sin we have fallen short of the standard that he had for us. He is perfect, he is holy, and this is what he wants us.

**P14: P003.docx - 14:2 [I think it is a question for y..] (11:11) (Super)**

Codes: [imago Dei] [healing]

I think it is a question for you theologians because I know that God is a God of love and would not deliberately cause anybody any problems. But I do read from the Bible also, and there are some people who have these disabilities. I mean, Jesus dealt with a lot of them. He healed the blind, he healed the lame, you know, he put his hands in the deaf's ears, and so on. People with severe mental problems, he dealt with, you know. So I think that in this world that we live in, we cannot understand everything that God does. But so long as a person is alive we need to treat that person as a person also created in the image of God and given the opportunity to function in our world.

The responses from P006 and TI005 are clear indications of how disability has been linked to the Fall/sin and punishment from God. P003 sums it up, the Bible proves that disability is unacceptable due to the many accounts of healing and demoniac influences contained therein. Wynn (2007:92) is of a strong opinion that if biblical texts are interpreted from the *normate hermeneutic* perspective, this will definitely strengthen discrimination against persons with disability. This is obvious in this context where reference is made to the Bible showing how the Fall/sin brought about the loss of the glory of God and how God has meted out disability to people as punishment. I concur with Wynn (2007:92), that biblical interpretation plays a major role in fostering negative attitudes towards persons with disability. I also affirm Claassens (2013:55), Reynolds (2008:34, 35) and McNair & Sanchez (2008:36), that the Bible has influenced discrimination towards these individuals. Some biblical texts are actually quite problematic and reinforce stigmatization and exclusion of persons with disability from society and churches. Key biblical texts kept surfacing in this study, but participants were not directly asked to comment on them. John 9 was most often referred to, indicating that disability is for the glory of God, and how God can heal disability. Leviticus 21:17-23 was also repeated by many participants, thus indicating that persons with disability experienced discrimination and exclusion from the priesthood, warranting their stigmatization and exclusion from theological education and pastoral ministry. Their constant reference to these biblical texts affirms my choice to use these to discuss the main themes of this study.

Another noteworthy point here is the view of disability and the *imago Dei*. In P009's opinion:

**P20: P009.docx - 20:2 (7:7) (Super)**

*Codes: [disability as a result of the fall] [imago Dei]*

Disability regarding the image of God, hmmm... if God is really well, I believe that God created [man] in his own image. So in the first place, if somebody is disabled, as regarding the creation, that God created the first disability, I want to look at is our fallen nature, that we have fallen short of the glory of God. We have fallen short of the nature of God in us. So to some extent, we are disabled. Now secondly, God for me is not necessarily limited by our physical senses as we have it. The physical faculties, the physical organs of our body which we look at, and consider somebody to be physically disabled, or he is able. So God is not. He has created us alright. But the disability, the greatest disability I see more, is in the area of fallen depravity—human depravity—that we have fallen short of his nature. As for the physical, the mental faculties, the ability to reason properly, for instance, we have fallen from God's grace because we even think evil, while God will not think evil. We think evil, so to me, whatever the disability against God's creation, I think that is what I will say.

**P16: P005.docx - 16:2 (7:7) (Super)**

*Codes: [disability as a demonic activity] [imago Dei] [Sovereignty of God]*

Yes! God created [man] in his image. And throughout the Bible too we've seen people who have had disabilities, and so that raise the theological question why a good God will want to permit evil to happen to people, or in quote, allow people with disability to be born. Well, I think God is sovereign and knows what he is doing, and so in the Bible we've seen aspects of divine healing taking place in many cases in the Bible. So if in our world today—in the 21<sup>st</sup> century today—we still have people with disability. I think that it's not a crown efforts we are making to integrate them together, be involved in all theological sectors is important, should be extended to all facets of life. To me, God is in control. He may decide people with disability to be born or even born fit, and later suffer disability. It's all part of his overall picture. I also believe that the devil, as an agent against God's creation, may also attack people with sicknesses or disabilities. But even that, God still allows it because in a lay sense, if a subordinate carries an action under you, it presupposes that you gave the permission for that subordinate to do that. So if God is in charge of his creation and the devil could still affect God's creation or God's children, it means that God must have allowed it, or must have seen it and still decided to let it happen, because he may have better picture or a better outcome out of the situation for the individual.

**P16: P005.docx - 16:3(9:9) (Super)***Codes: [imago Dei]*

Yes, they are created in the image of God.

I must admit that disability and the *imago Dei* is a possible avenue for further research, as it brings out divergent views. Starting from the latter, P005 emphatically states that persons with disability “are created in the image of God”. This is the strong opinion of many disability theologians, as discussed in chapter three (heading 3.7.2.). The standpoint of McNair & Sanchez (2008:36) and Reynolds (2008:34-35) is that biblical interpretations regarding disability are not always negative but sometimes positive as well. It is comforting to note that the participants agree that persons with disability are created in the *imago Dei*, which is a good premise for the theological discourse on disability. However, it is also evident that it is how Christians, especially pastors, interpret the *imago Dei* that is posing the biggest problem. P005 affirms that persons with disability are created in the image of God, but he goes on to link disability to the Fall and depravity. Although P005 agrees that persons with disability are created in the *imago Dei*, he grapples with other theological and philosophical issues, i.e. the philosophy of theodicy (why a good God allows evil), the glory of God, the sovereignty of God, the Fall/sin and healing. The emerging themes concerning the image of God and disability only affirm, as presented in chapter three, that there are various interpretations of disability regarding the *imago Dei* (cf. section 3.7.2). Selected excerpts from Galgalo’s (2011:32-40) article, ‘Perfect God and imperfect Creation: In the image of God and Disabled,’ review various interpretations of the image of God. Four views of the *imago Dei* are presented: traditional, substantive, rational and functional, to which he adds a fifth, the spiritual interpretation of the *imago Dei*. Disability theologians like Swinton (2001:25, 38) and Kabue (2011:21) attest that persons with disability are equally created human beings, and are therefore also created in the image of God, despite their disability. According to Swinton (2011:276), traditional theologians often interpret the *imago Dei* from an “able-bodied hermeneutical” perspective. This is also evident in the Ghanaian Christian context, as disability is attributed to the Fall. I argue in the CMO that the Bible is a religious resource that triggers the stigmatization and exclusion of persons with disability from Ghanaian churches, which further influences their exclusion from theological education, this is also discussed in section 5.4. However, the Bible does not stand alone in the process. In this regard, it reinforces the socio-cultural construction of disability as a curse. Moreover, as indicated in other sections, there is an amount of inculturation going on in this context. If disability is a curse and is meted out by the gods and ancestors as a punishment, then similarly, disability is also linked to sin and also meted out by God as punishment. If this is the case, then Ghanaians can justify their oppressive and discriminatory attitudes towards persons with disability as the continuation of a cultural and biblical pattern. In my view, if biblical texts are interpreted from a redemptive dimension, then this can lead to

the de-stigmatization and inclusion of persons with disability in Ghanaian communities, including churches and theological institutions. I therefore propose the Bible as an intervention and as a way forward: this will be discussed in chapter six (heading 6.6.4). The following section discusses accessibility to theological education for persons with disability.

## **5.4. Disability and theological education in Ghana**

This study investigated the equity and access to theological education for persons with disability in Ghana. This section focuses on the perceptions of pastoral ministry for persons with disability, experiences of ministers with disability, and access to theological education in Ghana. It was already established in earlier sections that persons with disability in Ghana experience stigmatization, exclusion, and lack of access and participation in society and church life. Now I take this extreme exclusion a step further and evaluate how this influences the equal accessibility to theological education for persons with disability in Ghana.

### **5.4.1. Disability and pastoral ministry**

Perceptions of disability and pastoral ministry are necessary to explore accessibility to theological education for persons with disability in Ghana, in that, perceptions and constructions will determine whether persons with disability can access theological education or not. In Ghana, I argue that there is extreme exclusion of persons with disability from theological education and pastoral ministry. Social constructions regarding disability and pastoral ministry are in three areas: persons with disability cannot participate in pastoral ministry because of their disability; persons with disability cannot participate in pastoral ministry because of the exclusion they experienced from some Levitical duties in the Bible; and lastly, persons with disability can participate in pastoral ministry. The latter is the view held by the majority of participants. Persons with disability, theological institutional heads, pastors and disability heads are all fairly positive about persons with disability participating in pastoral ministry. Notwithstanding, there are concerns about how persons with disability can easily perform pastoral duties, as it requires a lot of physical and spiritual strength. Some responses from participants are:

*P 1: DX \_M002.docx - 1:41(198:198) (Super)*

*Codes: [can persons with disability be ministers?] [context][mechanism] [outcome]*

Also, it will show to the rest of the congregation and the world that, well, being a pastor is not only reserved for, you know, able-bodied people. That even persons with disability can also come into that group. And so, in other words, it's like, ok, Gods calling is not limited to certain group of people; it's open to everybody. So, yes! It's good for persons with disability to desire to become pastors because it will help.

*P 8: PPDm.docx - 8:51 (184:184) (Super)*

*Codes: [can persons with disability be ministers?] [mechanism][outcome][context]*

God created human in his image. So in God's ways he didn't create selection, but it is we humans who have created segregation. So if the pastors can give us the opportunity that upon all these things there is something in us that we can do. I feel that, many of my brothers and sisters will be able to do more than that but there is no opportunity. They think if you are disabled, then your mind is also disabled. Someone like Pastor Nick has no legs but God has put something in him that he is in ministry.

*P19: P008.docx - 19:11 (34:34) (Super)*

*Codes: [can persons with disability be ministers?] [context] [mechanism][outcome]*

I think there should not be any hindrance, but provided, we will provide them with all the things that they need to make the ministry effective. Yeah! So Yeah! I will encourage them to go into ministry but provided we are going to provide them with the gadget, the instruments, all that they need to be able to put across the teaching in the ministry.

*P27: TI005.docx - 27:20 (75:77) (Super)*

*Codes: [can persons with disability be ministers?] [exclusion from pastoral ministry due to disability] [exclusion from pastoral ministry due to exclusion from OT priesthood] [Pastors' attitudes towards persons with disability] [mechanism] [outcome][context]*

They can. I'll say "YES" and I'll say "NO". You see, in the Old Testament, when you were to give a sacrifice unto the Lord, you did not sacrifice any animal with disability, alright? Today, I've not seen a man (sometimes you'll see a blind man), let's say, a lame person—how can he be an effective minister? Like those of us who baptize by immersion, I don't know what you practice. But how can such a person baptize? How do you go on visitation? If you have a district with some of your churches in the hinterland here and there, where we say they will go in cars here and there—How do you do effective visitation, etc...? It will be very difficult. I will not say, "No, they can't!" They can!

*P34: TI002.docx - 34:4 (9:9) (Super)*

*Codes: [access to theological education] [church attitudes towards persons with disability] [exclusion from pastoral ministry due to disability] [exclusion from pastoral ministry due to exclusion from OT priesthood] [context] [mechanism] [outcome]*

I think, because of their disability and some also have this theological thinking that those who had blemishes were not allowed into the priesthood. And so, how can we allow somebody who has a disability with the arm and the leg to be in ministry. That is what I think. That is the angle they are coming from. And even they were not allowed to enter the temple, not even to talk of entering the priesthood. So these are some of the ideas that informed that type of attitude towards those who are physically challenged.

The above participants represent entirely different contexts in this study, as indicated in the CMO: pastors, persons with disability, disability experts and theological institutional heads. Participants reflect all three perceptions of disability and pastoral ministry. DX\_M002, a disability expert, believes that a pastoral calling is not only limited to persons without disability. This confirms the arguments made by Mombo (2011:163-166) regarding persons with disability and theological education in her article: “Society and Leadership: Opportunities for People with Disabilities,” as referred to in chapter three. PPDM, who is a minister with disability, places an emphasis on the ability of persons with disability, affirming their involvement in pastoral ministry, should they be given the opportunity. He identifies the exclusion of persons with disability from pastoral ministry as being due to social categorization and stigmatization in the Ghanaian society. It was already established in earlier sections of this chapter that the stigmatization of persons with disability, which is embedded in the Ghanaian culture and traditional belief system, triggers their exclusion from the church. It is also evident that this triggers their exclusion and lack of participation in pastoral ministry. P008, who is a pastor, is of the opinion that persons with disability can participate in pastoral ministry granted they are given accessibility to the necessary facilities. This raises the question of inaccessibility persons with disability encounter in the Ghanaian society at large, and churches in particular. Chapter four established that the inaccessibility for persons with disability in the Ghanaian society is a mechanism that leads to their exclusion from society. Earlier sections of chapter five also provided evidence that inaccessibility to churches is a major barrier persons with disability encounter in Ghana. Later sections will show how this also influences the equity and access to theological education for persons with disability in Ghana.

TI005 is a theological institutional head; he holds a negative view regarding the inclusion of persons with disability in pastoral ministry. He makes reference to the biblical account where animals without any defect were required for sacrifice. Stigmatization of persons with disability is clearly evident in equating persons with disability to animals. Disability theologians, as indicated in several sections, emphasize the negative influence of the Bible on church attitudes towards persons with disability. I argue that, it is not only the biblical accounts of stigmatization related to disability that is problematic, but it is how pastors interpret the biblical texts and apply them to the current disability situation in the church. There is therefore the need for pastors to consider Thomas Reynold’s (2008:34-35) proposal



for a *theological hermeneutic of disability*, which takes into account a careful and negotiable biblical interpretation and considers the holistic, historical, cultural, social, political frameworks of biblical times as well as the present. TI005 strongly opposes the priesthood of persons with disability because he sees disability as a hindrance. Goffman's (1963:1) position regarding the degradation of the social identity of stigmatized people is reinforced by this participant, as well as by that of Swinton (2001:43) on the categorization of persons with disability, and Reynolds (2008:63) on the cult of normalcy. In essence, I argue that the stigmatization of persons with disability leads to their exclusion from pastoral ministry, and in turn, theological education. TI002 tries to explain the reasons behind the exclusion of persons with disability from pastoral ministry. In his reflection, he draws a link between the exemption of persons with disability from the Levitical high priesthood in the holiness/purity code and pastoral ministry for persons with disability today. The misinterpretation of the purity code regarding the priesthood of persons with disability is highlighted. Yong (2011:18-19) and Olyan (2008:31) maintain that the exemption persons with disability experienced from the Levitical priesthood was only partial, in that the prohibition was for priests with disability. This means that there were priests with disability who could remain in the sanctuary to partake in the most holy, holy foods, and most holy offerings. Nevertheless, they were still stigmatized, marginalized and disqualified from altar service and the high priesthood. But the exclusion is not total, indicating that persons with disability were not completely excluded from the Levitical priesthood. This exemplifies my point fully, that it is the interpretation of biblical texts that stigmatize and exclude persons with disability from pastoral ministry in Ghana, which is a strong point for Ukpong (1999:111) in sociological-anthropological inculturation; a focus on biblical text. Therefore, I conclude by suggesting a *theological hermeneutic of disability*, as this will help in the interpretation of biblical texts on disability in a way that is more liberating for persons with disability.

There are indications that persons with disability are also equally called into pastoral ministry. Therefore, they need accessibility to be able to fully participate in this ministry. Also, it is clear that the stigmatization of persons with disability leads to their exclusion from pastoral ministry. Furthermore, biblical interpretations of disability texts account for the exclusion and lack of participation of persons with disability from pastoral ministry. Therefore, persons with disability in Ghana can fully participate in pastoral ministry if they are granted equal accessibility. If biblical interpretation is done based on the *theological hermeneutic of disability*, this will possibly enhance their acceptance into pastoral ministry, and equity and access to theological education.

In the CMO, the stigmatization of persons with disability, which is embedded in the Ghanaian culture and traditional belief system and biblical interpretations of disability trigger the exclusion of persons with disability from pastoral ministry in Ghana. However, equal accessibility and a *theological*

*hermeneutic of disability* can serve as mechanisms for equal access for persons with disability in theological education in Ghana.

#### **5.4.2. Experiences of persons with disability pertaining to ministers in Ghana**

Experiences of persons with disability indicate whether persons with disability are actually given the opportunity to participate in pastoral ministry. This enhances conversations on the accessibility for persons with disability in theological education in Ghana. It is scarce to find a person with disability who serves as a minister in Ghana. There are few ministers who are Deaf but they pastor congregations for Deaf persons. An indication of social exclusion is seen in their pastoral ministry being limited to Deaf persons. Negative attitudes towards pastoral ministry for persons with disability are also discussed in the previous section. It was established in chapter four that Deaf persons experience communication barriers in the Ghanaian society due to a lack of Sign Language interpretation. Earlier sections of chapter 5 prove the inaccessibility Deaf persons experience in Ghanaian churches, except very few have ministries for Deaf persons. It is evident so far that pastors who are Deaf can only function in congregations for Deaf persons, which is a sign of segregation and exclusion.

Pastors with physical disability experience extreme stigmatization, marginalization and exclusion from churches in Ghana. Participants who desired to be involved in pastoral ministry could not pursue that avenue due to reservations from their churches. This is similar to the cases identified by Mombo (2011:63-67), where she describes the experiences of persons with disability in Kenya regarding pastoral ministry and theological education. However, those who were trained were hardly given congregations of their own. Below is a description of the experience of a pastor with a physical disability:

*P 8: PPDM.docx - 8:29 (96:96) (Super)*

*Codes: [experiences of person with disability ministers] [Pastors' attitudes towards persons with disability] [mechanism] [outcome]*

...remember I said earlier, that I used to do house-to-house evangelism, and it looked like the church was in my hand and that pastor wasn't at ..., he and the elder, so before they will come on Sunday I have already done everything.

*P 8: PPDM.docx - 8:36 (108:108) (Super)*

*Codes: [access to church] [church attitudes towards persons with disability] [experiences of person with disability ministers] [Pastors' attitudes towards persons with disability] [mechanism] [outcome]*

...it was because just last year we established a church. Last year December we started, and I and 5 guys that I took to go around. So we got a place and we built a platform and had a crusade, and it just so happened that we had to establish a branch there. We did and made it nice as we got like up to 50 people, and we invited the elders to come. When they came and saw, they congratulated us for a job well done, and they accepted they were going to use it as a branch and they did. After that, the church expanded nicely, as more people became members. We had done so many things. We bought drums. After that, there was this guy who went to their Bible school, and finished, and they said they were going to bring him to our branch, and they did.

The above narrative of PPDM, a minister with disability relays his experience with different churches. He worked hard as a minister, doing evangelism and crusades to establish churches but never had the opportunity to minister as a pastor at any of these churches because of his disability. This also highlights Goffman's (1963:1) theory on stigma and social identity, where persons with disability in Ghana are categorised into a degraded social identity. In Ghana, the leadership of persons with disability is not acceptable in their culture. I therefore argue that this is also reflected in the church's attitude towards them. The fact that they allowed him to participate in ministry could possibly mean that they were open to the ministry of a person with disability. However, it was difficult to break the cultural barrier of stigmatization and exclusion of persons with disability from leadership. It can also be argued that the socio-cultural construction of disability as curse in Ghana influences the experiences of persons with disability regarding pastoral ministry.

### **5.4.3. Accessibility for persons with disability in Ghana in theological education**

It is established from the literature that although persons with disability are called by God to minister, they are not able to access theological education due to the lack of support from family and churches. Chapter three (see heading 3.7.5) confirms Mombo's (2011:63-67) examples which show that persons with disability, although eagerly desiring to participate in pastoral ministry, experience discriminatory attitudes and stigmatization from the churches. One could thus say that most churches in Ghana are not supportive of pastoral ministry for persons with disability. This following section explores and evaluates equal accessibility to theological education for persons with disability in Ghana.

#### **5.4.3.1. Physical accessibility**

It is evident from this study that theological education in Ghana is inaccessible to persons with disability. Theological institutions are inaccessible. Theological institutions do not have accessible facilities such as routes, bathrooms, Sign Language interpreters, Braille facilities, and courses on disability, among other relevant facilities. Notwithstanding, some of the institutions have put a few

ramps in place because it is a requirement from the National Accreditation Board (NAB), in order to be accredited to operate. Some of the newer buildings have established accessible routes. Another point worth mentioning, the furthest theological institutions have gone in terms of creating accessibility is to have a few accessible routes. Theological institutional heads stated that they have not considered accessibility as an integral aspect of their activities and services. In addition, they also mention that it is expensive to grant accessible facilities.

*P27: TI005.docx - 27:10 (42:43) (Super)*

*Codes: [access to theological education] [NAB] [context] [mechanism] [outcome]*

Well, because it is a growing institution (this is a private institution), we are growing, and I think in a matter of time these facilities would be put in place. Because, as I was saying, the NAB charged us to do this. I remember there was a Welfare Board meeting and the director for physical plant was charged that in the buildings that will come up, he should make sure that they factor into it the disabled persons, so that they can also fit into our system.

*P35: TI003.docx - 35:12 (31:38) (Super)*

*Codes: [access to theological education] [attitudes towards persons with disability] [exclusion from pastoral ministry due to disability] [stigmatization] [context] [mechanism] [outcome]*

Why does the institution have little or no facility for persons with disability? We did not envisaged and we are not expecting them to be here. In fact, we have no such atmosphere for such persons here. The founding fathers, the mission that partnered the founding fathers, either didn't think of that, or were completely oblivious of physical disability persons coming to study in this institution one day at all.

It is evident from the field research that there is a lack of equity and access for persons with disability in theological education in Ghana. TI005 draws attention to the fact that the National Accreditation Board has instructed theological institutions to be accessible in order to continue to operate under national accreditation. The good thing is that, they are taking positive steps towards granting accessibility. This reinforces my argument made in earlier sections, that accessibility for persons with disability in the Ghanaian society is an afterthought; this is also the case in churches and theological institutions. TI003 explains it better, they did not think of accessibility in the past, and neither are they considering enrolment of persons with disability in the future. This illustrates the extreme exclusion persons with disability experience from theological education in Ghana. Although there are laws and policies regarding accessibility in Ghana, it is evident that institutions, including churches and

theological institutions, do not pay attention to the legalities involved. It can be argued that even theological institutions that are slightly accessible have done so out of compulsion from the National Accreditation Board, and not because of necessity.

Hence, persons with disability in Ghana do not have equity and access to theological education because theological institutions have little or no access. Available accessible facilities so far are very few, and accessible routes benefit only wheelchair users but not Blind and Deaf persons. Therefore, there is extreme lack of equal access for persons with disability in theological education in Ghana.

#### ***5.4.3.2. Experiences of persons with disability in theological institutions in Ghana***

Considering the experiences of persons with disability at theological institutions in Ghana enhances investigations inquiring into their access to theological education. This is relevant because it presents their current reality as it is on the ground. It is already clear that theological institutions in Ghana are inaccessible; however, few persons with disability manage to access theological education anyway. This section takes into account some of their experiences at seminaries. Below are a few short excerpts from their interviews:

*P30: FG\_G.docx - 30:15 (101:104) (Super)*

*Codes: [access to church] [access to theological education] [attitudes towards persons with disability] [can persons with disability be ministers?] [exclusion from pastoral ministry due to disability] [experiences of person with disability ministers] [inclusive education] [Pastors' attitudes towards persons with disability] [stigmatization] [context] [mechanism]*

I happen to be a presiding elder of the church and I went to their Bible school. I did diploma for 2 years. Even though I don't know the Braille, but everything was done in orals. So when it got to the time of giving me the certificate after completion, they said something to me, which I was not happy. They told me because of my disability they were giving me certificate. I didn't do a certificate course. The certificate was for one year, and I had done this thing for two years, and today, getting to the time of graduation, you are telling me you will give me a certificate. I will not even take part in that graduation, so it was a heated debate, and at long last, I won the case. Then a time came and I said, "No!" If the thing is one year for certificate and two years for diploma, and I have to go through all those things, and have written the exams and passed, and what else again, and you are going to give me a certificate? But what pained me mostly was, they said because of my disability. That was what hurt me a lot and I said with this I won't take it lightly, so I told them the graduation I will not be part either unless they tell me they were giving me my diploma or I will not take part in the graduation.

*P 7: DM.docx - 7:65 (29:31) (Super)*

*Codes: [context] [access to theological education] [mechanism] [outcome]*

No interpreter! No Sign Language! So I depended on notes from friends and when they were copying the notes, I also copied it and read it. Even at the time of exams I passed and was able to go through depending on the notes then read it independently. But when it was exams time I...well, not so good, not so bad, ok. The first graduation I didn't finish all my exams, so I had to rewrite. So I rewrote, and passed, before I completed later.

The experience of the blind person in the focus group interview and that of the minister who is Deaf strengthens the evidence highlighting the inaccessibility in theological institutions. Persons with disability that could access theological institutions face extreme stigmatization, exclusion and lack of participation. The narrative of the blind person indicates extreme stigmatization; he had taken the same course as the other students had for the diploma but they wanted to give him a certificate instead. Why? Because of his disability! This institution did well by allowing him to take the oral examination in the meanwhile, but the drawback was when they decided to give him a certificate instead of a diploma because of his disability. This can be compared to the experience of the blind person in the public university (mentioned earlier), where his lecturer could not accept him to be top of the class due to his disability. The stigmatization of persons with disability, which is deeply rooted in the Ghanaian culture and traditional belief system, is evident in every aspect of society. The attitude of the society at large is similar to the attitude of the Christian community in Ghana. The authorities of the theological institution are obviously Christian leaders, and it is expected that their attitudes should be more positive than that of the general public, but disappointingly this has not been the case. At least DM was not refused admission to the theological institution despite being Deaf; however, he experienced exclusion and lack of participation in lectures and other class activities. Even if this institution had never thought of accessibility, this is a case where they were practically confronted by the issue. It is a fair expectation for the institution to at least make an effort to provide a Sign Language interpreter, but nothing was done. It can also be argued that the lack of availability of Sign Language interpreters could probably account for this. In any case, the obviousness of the lack of equity and access for persons with disability in theological education in Ghana is evident.

In conclusion, persons with disability in Ghana lack equal access to theological education. I argue that this can be linked to the general socio-cultural construction of disability in the Ghanaian culture as a curse. The stigmatization of persons with disability in the general Ghanaian society, which leads to their exclusion, further exacerbates their lack of participation in church/pastoral ministry and theological

education. Therefore, the answer to the research question/s is as follows: Yes, indeed, social factors do reinforce theological factors by excluding persons with disability from theological education in Ghana.

## 5.5. Conclusion

Chapter five serves as stage three of Swinton and Mowat's (2006:95) framework for analysing theological data: theological reflection, which includes critically reflecting on the praxis of the church and theological institutions in the light of Scripture and tradition. The research question sought to explore the social and theological factors that influence equity and access to theological education for persons with disability in Ghana. There was an interaction between social factors, which is the socio-cultural construction of disability as a curse in the Ghanaian culture and traditional belief system, and social attitudes towards persons with disability in the Ghanaian society (chapter 4) and how these are reflected in the praxis of churches and theological education for persons with disability in Ghana. This is a dialogue of sociological-anthropological inculturation, focusing on socio-cultural perceptions of disability/societal attitudes of exclusion, theological perceptions and constructions of disability/church, and theological institutional attitudes towards persons with disability within the Ghanaian context.

Chapter five can therefore be summarized as follows: Persons with disability in Ghana experience exclusion from churches, just as they are excluded from the Ghanaian society at large. The socio-cultural construction of disability as a curse, which is embedded in the Ghanaian culture and traditional belief system, is also evident in the Christian community. This is a Ghanaian construction of disability; therefore, the culture impacts on Christianity, and in turn influences this perception. Pastors indicate that they are African pastors; persons with disability experience extreme exclusion and lack of participation in the ministry of churches and theological institutions in Ghana. Furthermore, this study has shown that accessibility for persons with disability is an afterthought for churches and theological institutions in Ghana. Persons with disability in Ghana are stigmatized and marginalized because of biblical interpretations of disability carried out by pastors, especially by Pentecostal/Charismatic churches. Granted the opportunity and full accessibility to churches, persons with disability are able to worship God and participate in the ministry of churches, as depicted in the observation of a church that includes Deaf persons. There is constant pressure by faith/healing/miracle preachers that persons with disability must have faith to receive their healing. Disability is unacceptable by these preachers because disability is constructed as a curse, both in the Ghanaian culture and Christian context. It is clear that an amount of inculturation has taken place regarding disability in the Ghanaian Christian context. The culture has an influence on Christian constructions of disability and attitudes towards persons with disability.



Moreover, from this research I conclude that persons with disability in Ghana are excluded from pastoral ministry because of their disability. They are excluded from pastoral ministry because of the exclusion of persons with disability from some Levitical duties and the high priesthood, as mentioned in the Old Testament. It is obvious that persons with disability who are able to secure an enrolment in theological institutions experience extreme stigmatization, discrimination, exclusion, and lack of participation in their activities. Persons with disability who manage to complete their theological education scarcely get appointed as pastors, except for Deaf pastors who are able to pastor churches for Deaf persons. It is evident from this research that accessibility at theological institutions is by means of compulsion owing to laws and policies of the National Accreditation Board (NAB). Hence, although some theological institutions have very little access, they are not yet open to the enrolment of persons with disability in Ghana.

Considering the CMO configurations (realistic evaluation) regarding the data analysis:

The CMO configuration can be summed up as follows: The socio-cultural construction of disability as a curse in the Ghanaian culture and traditional belief system reinforces biblical interpretations of disability texts, which in turn triggers stigmatization; churches and theological institutional attitudes and inaccessibility towards persons with disability; and the healing pressure from faith/healing miracle preachers. The stigmatization and aforementioned outcomes further trigger the exclusion of persons with disability from the ministry of Ghanaian churches, which is further reflected in the lack of access to theological education and pastoral ministry. Chapter six draws conclusions and recommendations that can possibly improve accessibility for persons with disability in theological education in Ghana.

## CHAPTER SIX

### Conclusions and recommendations –

### Equity and access for persons with disability in theological education, Ghana

#### 6.1. Introduction

This dissertation sought to explore the social and theological factors that influence equal access to theological education for persons with disability in Ghana. The focus was on *how* and *why* the religious resources mediate the relationship between stigmatization and exclusion of persons with disability from theological education in Ghana. Chapter one provided a general introduction to the dissertation—clarifying the purpose of the study, research problem, research questions, theoretical framework, background to the study and methodological framework. Being an interdisciplinary study because of the methodological and conceptual frameworks used, chapter one situates the research within the context of missiology. The research is also socio-cultural which also employs some aspects of realistic evaluation. Chapter two presented the disability situation in Ghana. Chapter three defined the conceptual framework and set of concepts used in this study, i.e. disability and stigma. It also presented the various theological discourses on disability, using Swinton and other disability theologians from the East African context to discuss the main theological themes of the way disability has been linked to sin/curse and perceptions of faith/healing and disability in African churches, particularly in Ghana. Chapter four introduced the data analysis explored in the last three chapters. It explained the methodological framework used for the data analysis, as done in ATLAS.ti and missiological research. The practical theological reflection framework by Swinton & Mowat (2006:95), the CMO configuration by Pawson and Tilley (2005:365), Goffman's (1963) stigma theory on social identity, Swinton's concepts and sociological-anthropological inculturation theology as proposed by Ukpogon (1999:108) in contextualization were employed in the data analysis. The later parts of chapter four analysed the social aspects of the study, focusing on social constructions of disability and societal attitudes towards persons with disability in Ghana. It became evident that disability is socio-culturally constructed as a curse in the Ghanaian culture and traditional belief system, and that this influences the stigmatization, discrimination and exclusion of persons with disability from equally accessing rights, resources and privileges in the Ghanaian society. Thereafter, chapter five explored the interaction between the social and theological factors that influence the equity and access for persons with disability in theological education in Ghana. In chapter five it was established that the socio-cultural construction of disability as a curse in the Ghanaian culture and traditional belief system has an impact on church attitudes towards persons with disability, i.e. stigmatization, healing pressure, and the exclusion of persons with

disability from ministry. This further accounts for their exclusion from pastoral ministry and theological education in Ghana.

In chapter six, the final chapter of this thesis, conclusions will be drawn reflecting on the purpose of this study and taking into account the research questions, methodological framework as well as findings and recommendations that may enhance equal accessibility for persons with disability in theological education in Ghana. This section encompasses a critical analysis, from which conclusions will be drawn and recommendations made in light of the missiological expectations of churches and theological institutions regarding equal access to theological education for persons with disability in Ghana. Chapter six comprises stage four of Swinton and Mowat's (2006:95) framework for analysing theological data, which will be a revised form of practice. Conclusions derived from the findings will be critically engaged in the light of missiological expectations proposed by Bosch and other missiologists. I then propose a number of recommendations aimed at transforming the churches' praxis and theological institutions in Ghana, to facilitate equal accessibility to theological education/institutions for persons with disability.

## **6.2. Conclusions on qualitative research approach**

It was explained previously that this research adopts a qualitative approach with a social constructionist paradigm, which is to some extent cultural research and a realist evaluation. The study is interdisciplinary in nature, and therefore made use of methodological and conceptual/theoretical frameworks from various disciplines in order to explore equal accessibility for persons with disability in theological education in Ghana. The research design and methodologies employed were useful in achieving the aims and objectives of the study. Notwithstanding, to complete such a multiple method research study was no simple task. Sometimes the difficulty was to decide which methodology would be most suitable for a particular section of the study. The following sub-sections provide conclusions in this regard.

### **6.2.1. Conclusions on research questions and purpose of the study**

The research questions and purpose of the study sought to explore and evaluate *how* and *why* social and theological factors influence equal accessibility for persons with disability in theological education in Ghana. A further question posed was: 'how and why do cultural religious resources influence stigmatization and the exclusion of persons with disability in accessing theological education in Ghana?' The aim was to facilitate further exploration of the problem of stigmatization and extreme exclusion of persons with disability from the Ghanaian society, which is embedded in the socio-cultural constructions of disability as a curse in the culture and traditional belief system. Furthermore, I

investigated the impact these social factors had on their accessibility in theological education in Ghana. Previous research on disability in Ghana emphasises that perceptions and constructions of disability in this society reflects the medical model (which sees disability as a condition that needs a cure or intervention), and the moral model (which attributes disability to sin/curse and demonic influence). This research confirms that disability is indeed constructed, as in the medical and moral models, but it is also constructed as barriers in society, as depicted in the social model of disability. However, this study is focused on disability as a curse, which is a reflection of the moral model of disability—the predominant model among the three.

Regarding the purpose of the research, it is evident that there are social and theological factors that influence equal accessibility for persons with disability in theological education in Ghana. The social factors were identified as the socio-cultural construction of disability as a curse, which is deeply rooted in the Ghanaian culture and traditional belief system, and how this influences stigmatization and other attitudes of discrimination and inaccessibility including rights, resources and privileges in society. It is also evident that the construction of disability in the Ghanaian society at large is similar to the Christian context. However, biblical interpretations of disability reinforce socio-cultural constructions of disability leading to the stigmatization and exclusion of these individuals from Ghanaian churches. This places persons with disability under constant pressure to expect a healing miracle, depending on their faith in God. This is also reflected in the exclusion of persons with disability from pastoral ministry and theological education owing to the perception that persons with disability cannot participate in pastoral ministry because of their disability, or the exemption of persons with disability from the Levitical priesthood in the Old Testament. So indeed, there are social and theological factors that negatively influence their accessibility. Cultural and religious resources mediate the relationship between the stigmatization and exclusion of persons with disability from theological education. This is because the culture is a resource that triggers responses of stigmatization and exclusion due to the socio-cultural construction of disability as a curse. Similarly, the Bible is also identified as a resource that triggers the stigmatization and exclusion of persons with disability from church communities, which further influences their lack of access to theological education.

Indeed, it was found that cultural religious resources in the Ghanaian society mediate the relationship between stigmatization and exclusion of persons with disability from society at large. This impacts on their access to churches, which further impacts on their access to theological education in Ghana. In chapter five, the empirical data provided evidence that persons with disability are stigmatized in Ghanaian churches, as is the case in the society at large. The stigmatization of persons with disability in Ghanaian churches is two-fold: it is in the first place linked to the social construction of disability as a curse in the culture and traditional belief system, but interpretations of biblical texts on disability and faith/healing sermons equally reinforce the stigmatization of persons with disability, they are therefore

excluded from the churches' ministries and pastoral ministry, which also exacerbates their exclusion from theological education/institutions. In essence, the Ghanaian culture and traditional belief system and the Bible are religious resources that mediate the relationship between the stigmatization and exclusion of persons with disability from churches and theological education/institutions.

To answer the 'how' of the research question, faith and healing preachers will normally change their sermon at the sight of persons with disability and dramatize their need for healing, or they are perceived to be faithless. These experiences are stigmatizing and oppressive; hence persons with disability prefer not to go to church in order to avoid embarrassment. The exemption of persons with disability from the Levitical high priesthood and some other duties as mentioned in the Bible, also accounts for the perception that persons with disability cannot be involved in pastoral ministry. Disability is also perceived to be a hindrance to pastoral ministry because their duties require a lot of physical activities besides the usual spiritual responsibilities. Although some participants are of the opinion that persons with disability can participate in pastoral ministry, the inaccessibility and exclusion they experience in churches and theological institutions provide sufficient evidence that there is lack of equal access to theological education for persons with disability in Ghana due to stigmatization. In other words, responses to biblical interpretations of disability and healing and the socio-cultural construction of disability as a curse triggers stigmatization and exclusion, which influences the lack of equity and access for persons with disability in theological education in Ghana.

To this end, it is evident that responses to the social construction of disability as a curse in the Ghanaian culture and traditional belief system and biblical interpretations of disability trigger the stigmatization and exclusion of persons with disability from Ghanaian churches and theological education/institutions.

The CMO highlighted the causal relationship between these variables accentuating their impact on the stigmatization, exclusion and lack of participation persons with disability experience in theological education in Ghana. Therefore, as indicated above, the socio-cultural construction of disability as a curse, which is deeply rooted in the Ghanaian culture and traditional belief system, is a mechanism that triggers the stigmatization, extreme exclusion and lack of participation by persons with disability in theological education. Interpretations of biblical texts on disability also trigger the stigmatization and healing pressure on persons with disability, which excludes them from the churches' ministries, pastoral ministry and theological education. The aforesaid reflects the religious practices that influence equal access for persons with disability in theological education. The recommendations (discussed later on in this chapter) also indicate that the religious resources that negatively influence persons with disability can actually enhance their accessibility in theological education/institutions. In essence, I have been able to adequately answer the research questions, as presented in chapter one (heading 1.3).

### **6.2.2. Conclusions on research methodology and design**

According to Swinton and Mowat (2006:50), although some researchers emphasize using a single method, the ideal way to do a practical theological qualitative research study is to develop an appropriate style using different methods without being bound by any of them. For this reason, the tools employed here were deemed appropriate for different aspects of the study and to investigate and evaluate accessibility for persons with disability in theological education in Ghana. This thesis titled, 'Equity and access for persons with disability in theological education, Ghana,' is theological, missiological and socio-cultural in its approach, as well as qualitative. As indicated in chapter one (heading 1.7), the research uses a qualitative approach, with a social constructionist paradigm, a cultural research, and to some extent a realistic evaluation research employing the CMO approach to contextualization. The successful engagement of the research design and methodologies also justify the ontological and epistemological stance of the study, as stated in section 1.5. The sections below outline the usefulness of the research design and methodologies utilized in this study.

#### ***6.2.2.1. Qualitative approach***

According to McIntyre (2001), a qualitative method is useful to explore the social meanings or reasons attached to behaviours. Qualitative research does not only take into account the objective nature of behaviour, but also its meaning (quality). In general, qualitative research probes deeper into people's descriptive accounts of their own experiences, rather than quantifying and using numbers to interpret these experiences. Thus, the qualitative approach was suitable to explore the meanings attached to the stigmatization and exclusion of persons with disability from the Ghanaian society and theological education in Ghana. Individual and focus group interviews and observation were the methods used to investigate the equity and access for persons with disability in theological education in Ghana. In turn, insightful data was obtained which enabled conclusions to be made concerning the causes of stigmatization and exclusion of persons with disability from society, churches and theological institutions in Ghana. The qualitative approach was helpful to make sense of the socio-cultural construction of disability as a curse in the Ghanaian culture and traditional belief system and its influence on attitudes of stigmatization, inaccessibility and exclusion of persons with disability from the Ghanaian society at large, and the ensuing implications on the churches' attitude towards persons with disability, which further impacts negatively on their accessibility to theological education.

#### ***6.2.2.2. Social constructionism***

Social constructionism is a philosophical approach in the social sciences that takes into account the social and cultural contexts of a situation in order to explain a phenomenon (McLeod, 1997:83). The

main focus is on how societies formulate perceived social realities, in other words, how behaviours are formed within a society. According to Flores<sup>57</sup>:

Social construction is something you might not be aware of. You are somewhat living in segregation depending on what gender, race and class you are. Race, class and gender don't really mean anything. They only have a meaning because society gives them a meaning. Social construction is how society groups people and how it privileges certain groups over others. For example, you are a woman or a man because society tells you that you are, not because you choose to be. Simple as that. Just like it tells you what race you're classified as and what social class you belong in. It is all just a social process that makes us differentiate between what's "normal" and what's not "normal".

The social constructionist paradigm used in collaboration with cultural research was helpful to explore the nature of categorization that takes place in the Ghanaian society at large, and churches and theological institutions regarding disability. Goffman's (1963) stigma theory on social identity was successfully employed as a theoretical and conceptual framework to explore the accessibility for persons with disability in theological education in Ghana. This paradigm was helpful in using the Ghanaian culture and social setup including churches and theological education to arrive at the conclusion that disability is a social construct in the Ghanaian society due to the way it is socially constructed as a curse in the culture and traditional belief system. This also justifies the social constructionist and critical realist ontology and constructionist epistemological stance of this research (as indicated in section 1.5).

### **6.2.2.3. Cultural research**

The cultural research approach uses everyday life occurrences and phenomena to explore a research question. This means that the culture of a particular group of people is used as a lens to inform the data collection and analysis (Marshall & Gretchen, 2010:24). In this dissertation, a cultural approach was implemented using the Ghanaian culture as a tool to investigate equal accessibility for persons with disability in theological education in Ghana. Concepts described by missiologists and practical/intercultural/interreligious theologians like Kritzing (2008:771, 772), Wuthnow (1992:37), Luzbetak (1988:72-79), and Swinton and Mowat (2006:95) were engaged in this regard. The focus on sociological-anthropological inculturation theology (Ukpong, 1999:108) was brought into dialogue with the Christianity and Ghanaian culture/traditional belief system. This approach took into account the social setup, socio-cultural construction and perception of disability as a curse, and how this influences the stigmatization and exclusion of persons with disability from the Ghanaian society, churches and theological institutions. The cultural research approach was helpful in answering the last

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<sup>57</sup> Flores, L. (n.d.) *What is Social Construction?* Oake College [Online]. Viewed from: <http://oakes.ucsc.edu/academics/Core%20Course/oakes-core-awards-2012/laura-flores.html>. [Date accessed: July 2014].



research sub-question, which inquired into the way culture and religious practices act as mechanisms influencing equal accessibility for persons with disability in theological education in Ghana. It is also clear from the research, as indicated in section 2.5, that the Ghanaian culture is an epitome of unity and hospitality but it is evident that this same culture has influenced inaccessibility for persons with disability in theological education. However, there is the need for further research focusing on sociological-anthropological inculturation in the disability/Ghanaian culture/traditional belief system and Christianity discourse. This study was mainly focused on the influence of the Ghanaian culture on the stigmatization and exclusion of persons with disability in theological education.

#### **6.2.2.4. Realistic evaluation**

In addition, this research is a realist evaluation to some extent. This methodology was not employed in the entire research, neither was it employed in totality. This clarifies that only some aspects of realistic evaluation were engaged in certain portions of the data analysis. Pawson and Tilley's (2005:365) CMO configuration framework was used in this regard. They propose that the best way to do evaluation research is to do a realist evaluation, which is theory-based. In realistic evaluation, "The basic question asked, and hopefully answered, is thus multi-faceted. Realist evaluations asks not, "What works?" or, 'Does this program work?' but asks instead, 'what works for whom in what circumstances and in what respects, and how?'" (Pawson and Tilley, 2005:365). With the purpose of enhancing decision-making, evaluators endeavour to answer 'how' outcomes were caused due to contextual influence. In other words, there are causes and effects based on the context of every situation evaluators seek to investigate. Pawson and Tilley's (2005:365) CMO configuration model was useful in evaluating equal access to theological education for persons with disability in Ghana.

The CMO was engaged more in contextualization from the perspective that in every context there are certain mechanisms that trigger certain outcomes. This was helpful in drawing a cause and effect relationships in the Ghanaian context regarding disability, stigmatization, exclusion and theological education. The CMO was employed in this way:

- i. **Context:** Ghanaian society, Ghanaian culture, churches, theological education, groups of participants – Persons with disability, pastors, disability experts and theological institutions.
- ii. **Mechanisms:** Attitudes towards persons with disability, accessibility to churches and theological institutions, biblical interpretations to disability cultural perceptions and constructions of disability, healing and faith sermons.
- iii. **Outcomes:** Stigmatization, lack of participation and exclusion of persons with disability from society/churches/theological education.

The realistic evaluation approach (CMO) was successfully used to conclude that:

Within the Ghanaian context, as listed above, the way disability is socially constructed as a curse, which is embedded in the traditional belief system, triggers stigmatization and inaccessibility for persons with disability. The stigmatization and inaccessibility persons with disability experience are mechanisms that trigger the outcomes of exclusion and lack of participation from the Ghanaian societal life.

Moreover, the socio-cultural construction of disability as a curse in the Ghanaian culture and traditional belief system reinforces biblical interpretations of disability, triggering the stigmatization of persons with disability; churches and theological institutional attitudes and inaccessibility towards persons with disability; and the healing pressure from faith and miracle preachers. Furthermore, the stigmatization and aforementioned outcomes trigger the exclusion of persons with disability from the ministry of Ghanaian churches, which is reflected in the lack of equal access to theological education and pastoral ministry for persons with disability in Ghana.

#### ***6.2.2.5. Missiological and interreligious theological Research***

Conner (2015:15), a missiologist, is of the view that there have been diverse theological conversations on disability but missiology has contributed very little to the global discussion. In his recent article, ‘Enabling Witness: “Disability in Missiological Perspective,”’ he is of the opinion that persons with disability who get the opportunity to be included in the church may still be marginalized. As a missiologist, this substantiates the need for this research. Even though this study is established in the discipline of missiology, it is interdisciplinary in its approach, engaging methodologies, frameworks, theories and concepts from other disciplines. Chapter one situates this research within these contexts mentioned above. The question asked now is whether the study was successful in its interdisciplinary approach—the answer is unequivocally, ‘Yes!’ Although I must reiterate, it was not an easy process.

This current study was successful in its approach to contextualization as proposed by missiologists and practical/intercultural/interreligious theologians in exploring the disability phenomenon in the Ghanaian culture and traditional belief system, in contrast to the Christian context and its implications on the equity and access for persons with disability in theological education. The CMO and inculturation were helpful in the contextualization approach. The focus was on sociological-anthropological inculturation theology, which sought to dialogue between the Ghanaian culture, traditional belief system and Christianity concerning the accessibility for persons with disability in theological education in Ghana. This dialogue is between socio-cultural and theological factors, as posed in the main research question. The interdisciplinary approach, focusing more on contextualization, was helpful in drawing conclusions highlighting the relevance of the context when making sense of a phenomenon. This means that the questions of who, what, how, where and other relevant contextual questions engaged concluded that disability is not only constructed as in the moral and medical models of disability, but also as in the social model of disability as societal barriers. In addition, it is evident that the Ghanaian culture has an

influence on the perception and social construction of disability, both in the society and Christian context. Inculturation was helpful to identify that pastors in Ghana construct disability as a curse, similar to the culture and traditional belief system. The Ghanaian culture therefore has an influence on church and theological institutional attitudes of stigmatization and exclusion of persons with disability in Ghana. Conclusions and recommendations in the concluding part of this chapter highlight the missiological focus of transforming mission, and stress the need for change in the praxis of the churches and theological institutions in order to grant equity and access for persons with disability in theological education in Ghana. Furthermore, Swinton & Mowat's (2006:95) practical theological reflection framework was adequately used to show all four stages involved in doing practical theological research. Stages one to three are reflected in all the chapters so far, but stage four, which entails formulating a revised form of praxis is reflected in the subsequent sections.

### 6.3. Conclusion of findings

This dissertation sought to explore the social and theological factors that influence equal accessibility for persons with disability in theological education in Ghana. Initial sections of this chapter suggest that the study successfully achieved this goal. Chapters four and five drew conclusions based on the findings of this research. However, at this point, conclusions are critically analysed in terms of the missiological expectations from Ghanaian churches and theological institutions focusing on Swinton's theological reflections of disability, the *missio Dei*, mission as a quest for social justice, and sociological-anthropological inculturation theology. It is indicated in the preliminary chapters that the theological focus of the research is on the all-inclusivity of the *missio Dei*.

According to Conner (2015:15), "Missiology is an integrative and multidisciplinary field of study that is particularly attentive to how interaction with cultures, social traditions, and religious convictions transform the church through boundary crossing". So the missiological task is to make relevant contributions to the inclusion of persons with disability in the church's mission. Therefore, the conclusions made are a humble contribution to the disability conversation from a missiological point of view. Bosch (1991: 9) states the following:

Missiology, as a branch of the discipline of Christian theology, is not a disinterested or neutral enterprise; rather, it seeks to look at the world from the perspective of commitment to Christian faith. Such an approach does not suggest an absence of critical examination; as a matter of fact, precisely for the sake of Christian mission, it will be necessary to subject every definition and every manifestation of the Christian mission to rigorous analysis and appraisal.

Swinton (2011:274) is of the opinion that the starting point for disability theology is to accept that persons with disability are a marginalized group and experience exclusion from the churches' ministry.

Moreover, he also says that the spiritual neglect of persons with disability is the ‘forgotten dimension’ of spirituality. He states that: “Despite evidence to suggest that a focus on the spiritual aspect of the lives of people with (learning) disabilities can be health-bringing and life-enhancing, this dimension of people’s lives is often overlooked or considered irrelevant”. He emphasizes that the spiritual aspect of the lives of persons with disability is under-researched and misunderstood. This aspect of spirituality must be taken as relevant to service providers in order to provide holistic support for persons with disability (Swinton, 2002:29). This supports Conner’s view regarding the relevance of this study. To note, the conclusions made in this study were drawn in consideration of the *missio Dei* theology and theological reflections on disability by Swinton, and others.

### **6.3.1. Socio-cultural constructions of disability and inculturation in Ghana**

This section seeks to draw conclusions related to the findings of the socio-cultural constructions of disability in Ghana and how it reflects sociological-anthropological inculturation theology. Chapter four presents evidence of the social construction and perception of disability in Ghana. Previous research on disability in Ghana indicates that disability is normally perceived as a medical condition or as a curse, which depicts the way disability is interpreted in the medical and moral models of disability. This research proves that disability is not only constructed as in the moral and medical models but also in the social model of disability; thus forming barriers in society, which hinder their equal access to rights, resources and privileges. Contextualization was a successful concept in uncovering this finding. The CMO was useful in evaluating the different contexts: pastors, persons with disability, disability experts and theological institutional heads. However, this study is focused on the socio-cultural construction of disability as curse, which is deeply rooted in the Ghanaian culture and traditional belief system.

Findings confirm the socio-cultural construction of disability as a curse in the Ghanaian culture and traditional belief system. However, this study explored this phenomenon in the Ghanaian Christian context and discovered that the way disability is constructed in the Ghanaian society at large (culture and traditional belief system) is similar to the way it is constructed in the Christian context, especially among Pentecostals/Charismatics. This portrays the amount of inculturation going on in the Ghanaian churches, although disability conversations have not been deliberately engaged to understand how the Gospel can be better preached within this context. According to Küster (2003:73), religions are pluralistic and are either related in a way or influenced by one another. People within different religious contexts, “construct their religious identities over and over again” based on “their life stories and the continuous changing context”. He proposes a theology of dialogue where there is a dialogue between Christianity and other religions, so as to obtain deeper meanings of other religious practices. He calls the theology of dialogue in the African context, inculturation. In the same way, Bosch (1991:454) maintains that inculturation is concerned with how the gospel interacts with culture, and suggests a

double movement: “inculturation of Christianity and Christianization of culture.” The idea is not just to accept any cultural practice within the Christian setup or to impose Christianity on culture, but there is however the danger of tension and a clash between Christianity and culture. Meanwhile, Bevans and Schroeder (2004:34) identify that the greatest challenge to the missionary task is culture, whether “human culture can be a vehicle or an obstacle for communicating the gospel”. This research is a dialogue between the Ghanaian culture, traditional belief system and Christianity. Ukpong (1999:100-108) proposes a sociological-anthropological inculturation theology whereby there is an interaction between culture and Christianity. He clarifies, “Inculturation theology is a new way of doing theology that seeks to interpret the Christian faith from the perspectives of the socio-cultural contexts and historical life experiences of different peoples, and to challenge society with the gospel message”. Hence, the interaction between social and theological factors that influence equity and access for persons with disability in theological education is a sociological-anthropology inculturation theology that was engaged in understanding the disability situation as it occurs in the churches and theological education/institutions in Ghana. The socio-cultural understanding of disability as a curse in the Ghanaian culture and traditional belief system helps to make sense of the constant healing pressure imposed on persons with disability from faith/healing preachers. This is discussed further in a later section.

In essence, I conclude that there is an interaction between the Ghanaian culture/traditional belief system and Christianity regarding the phenomenon of disability. Therefore, Küster (2003:73) rightly states that religions in the same context influence each other. However, the tension and uncertainties of the influence of culture on the preaching of the Gospel (Bosch, 1991:451; Bevans and Schroeder, 2004:34) are reflected in societal attitudes of stigmatization, marginalization and exclusion of persons with disability, which are equally reflected in Ghanaian churches and theological institutions. Therefore, it can be argued that in Ghana disability is a social construct.

### **6.3.2. The Ghanaian society, church and disability: A missiological/theological reflection**

As indicated in earlier sections, the research explored the social and theological factors that influence equal access for persons with disability in theological education in the Ghanaian context. This section sought to draw conclusions and explain the different findings regarding the interaction between the social and theological factors that have an influence on their accessibility. The methodologies and frameworks employed in this study were relevant in this regard. Empirical evidence confirmed that societal attitudes towards persons with disability in Ghana are similarly reflected in the churches, and have in turn contributed to their experience of stigmatization, inaccessibility, exclusion, and lack of participation. Therefore, the way different people respond to the socio-cultural construction of disability as a curse triggers their stigmatization and exclusion within the society at large, as well as churches and theological institutions.

Persons with disability in Ghana experience stigmatization due to the socio-cultural construction of disability as a curse, which is embedded in the culture and traditional belief system. This stigmatization persons with disability experience in the Ghanaian society is also reflected in the churches and theological institutions. Being African, these pastors claim to believe in the notion of disability as a curse. This also suggests that inculturation is taking place, although there is no evidence indicating a deliberate dialogue between the Ghanaian culture/traditional belief system and Christianity, regarding the situation of disability. From the above discussion, it is possible to deduce that the Ghanaian culture and traditional belief system influences the churches' attitudes of stigmatization towards persons with disability. Sociological-anthropological inculturation theology was helpful in addressing these attitudes towards persons with disability by means of revising policies/sermons and praxis. However, I propose further research on inculturation and the situation of disability in the Ghanaian context.

Furthermore, the exclusion, lack of participation, inaccessibility of rights, resources and privileges experienced by persons with disability in the Ghanaian society, are also reflected in the churches and theological institutions. From the empirical data it was established that these individuals also experience difficulties accessing physical infrastructure, information and education. Likewise, they lack accessibility to the ministries of the church. From this research it can be concluded that the stigmatization persons with disability face in the Ghanaian society is due to the social construction of disability as a curse, which is deeply rooted in the culture and traditional belief system, and influences the inaccessibility and exclusion of persons with disability from society and the churches' ministries. Cursed people are considered an outcast and therefore do not have a place in society. In the Ghanaian culture, disability is believed to be contagious. For this reason pregnant women must have nothing to do with such persons to avoid exposing their babies to a 'contagious' disability. Goffman (1963:1) sees stigmatization as a social degradation; Coleman (1997:226) has a stronger assertion likening stigmatization to a kind of social death. Weiss et al. (2006:279) view stigmatization as a "social disqualification". Therefore, in Ghana, it can be concluded that persons with disability experience social degradation, social disqualification and social death regarding the exclusivity they experience in society. Hence, the cultural religious resources mediate the relationship between the stigmatization and exclusion of persons with disability from theological education in Ghana, by the way people in different contexts respond to the socio-cultural construction of disability as a curse. The response has been negative, thus impacting adversely on their inclusion in the Ghanaian society.

According to Swinton (2002:29), the spiritual neglect of persons with disability by service providers is the forgotten dimension of spirituality. This is evident in that many pastors, and for that matter, churches and theological institutions as well do not consider ministering to persons with disability. They would only intervene if there were a person with disability; sometimes they do nothing but rather oppress them

with healing expectations. Disability is an afterthought in the Ghanaian societal and Christian contexts. According to Bosch (1991:xv, 9), mission/missiology must not accept reality but must bring transformation. The reality is that the persons with disability in Ghana experience stigmatization, exclusion and lack of participation in societal life, this is also the case in the churches and theological institutions depicting spiritual neglect, as Swinton puts it. If mission and missiology are to bring about transformation, as indicated by Bosch (1991:xv) and Kritzinger (2011:52), then it is necessary for churches and theological institutions to revise their theologies and praxis in order to include and integrate persons with disability.

According to Swinton (2001:45; 2011:295), persons with disability must be accepted and valued for who they are because they are created in the image of God. He also emphasises that Christians with disability have Christ living within them, so there is no need for categorization and discrimination. If Ghanaian churches begin to formulate their theologies regarding disability and the *imago Dei* around this line, then it is possible for persons with disability to be respected and valued for who they are. This will enhance equal access for persons with disability in the churches' ministries, which will possibly impact on their equity and access to theological education in Ghana. According to Bosch (1991:390), the "*missio Dei*" (mission of God) is an attribute of God. It is God's mission to reach out to the world; the church is a tool God uses to reconcile the world to God. By excluding persons with disability from the ministries of Ghanaian churches means that the church is neglecting its duty to be used as a tool to share God's unconditional love. In the same way, Bosch and others like Bevans and Schroeder (2004:348-395) stress that mission is not holistic if it does not combat issues of social injustice, oppression and marginalization. The Ghanaian church therefore has a missionary task of expressing the unconditional love of God by reforming their theologies, praxis and policies to include and integrate persons with disability in their ministries. Disability theologians also stress the need for churches to be welcoming of persons with disability, so that they are not considered strangers. The best way to ensure inclusion and integration is to have accessible facilities and programs.

Most importantly, I argue that until the Ghanaian churches and theological institutions are equally accessible to persons with disability, they are not truly involved in the *missio Dei*.

### **6.3.3. Faith/healing and disability in the Ghanaian Church**

This section draws conclusions regarding the constant pressure exerted on persons with disability to be healed by faith/healing preachers, mostly from the Pentecostal/Charismatic tradition. On television and radio stations this pressure is obvious; however, the research demonstrates that this pressure and oppression results in stigmatization and excluding persons with disability from churches. The perceptions regarding disability and healing are contrasting; while persons with disability want to go to church to worship God, faith/healing pastors assume they need healing and so adapt their sermons to



preach on faith and healing. If healing does not occur, then persons with disability are tagged as lacking faith. According to Swinton (2001:25, 47), the healing pressure on persons with disability is the spiritual extension of the medical model of disability. This model views disability as a condition that needs cure or intervention, in the same way disability is constructed in the Ghanaian Pentecostal/Charismatic churches.

From this study, contextualization was helpful in determining that the socio-cultural construction of disability as a curse, which is embedded in the Ghanaian culture and traditional belief system, is a cause of the healing pressure exerted on persons with disability in Ghanaian churches. This is because Ghanaian pastors, entrenched in their local culture and traditions, also construct disability as a curse, or as having demoniac or witchcraft influences. Although they argue that there could be other causes for disability, they would not rule out spiritual influences as a factor. The social construction of disability as a curse strengthens biblical interpretations of disability, which adds to the healing pressure they experience in churches. References have been made to healing miracles and disability as a form of punishment in the Bible. Claassens (2013), Reynolds (2008), Black (1996), McNair (2008), Olyan (2008) and Yong (2011), among other disability theologians, emphasise the negative influence of the Bible on churches' attitudes towards persons with disability. As have been discussed in section 3.5.2, John 9 as a central biblical text depicts that the attribute of disability to sin is a historical pattern. It is evident that this is not only in the biblical context but also in the Ghanaian context as disability is attributed to sin/curse hence fostering the healing pressure persons with disability experience from churches. Swinton is of the view that the *imago Dei* has been interpreted in traditional theology from an "able bodied hermeneutical" perspective. Therefore, persons with disability have experienced devaluation, stigmatization, exclusion and discrimination from the churches, because their experiences have not been engaged in formulating theology and Christian doctrines (Swinton, 2002, 2011). This also reflects Creamer's (2003) embodiment theology. Hence, the Ghanaian culture and biblical interpretations of disability are the cultural religious resources that mediate the relationship between stigmatization and exclusion of persons with disability from theological education in Ghana as posed in the research question.

Swinton (2001:25, 47) strongly asserts that disability does not need healing. He maintains that disability is not a situation that needs any intervention or a solution but must be accepted as it is; persons with disability must not be judged but valued and respected for who they are because they are human beings 'truly' created in the image of God. The common factor is that persons with disability are also created in the true image of God; persons with disability who are Christians have Christ in them so there is "no Jew or Gentile, no male or female, no able-bodied or disabled," everyone is equal before God. I argue that persons with disability have not been accepted for who they are in the Ghanaian churches, and this has resulted in stigmatization, pressure for healing, and exclusion from the ministry of the churches.

#### **6.3.4. Disability and theological education in Ghana**

The purpose of this study was to explore equity and access for persons with disability in theological education in Ghana. This final section formulates conclusions on the exclusion of persons with disability and inaccessibility to theological education in Ghana. The field research proved that persons with disability are extremely excluded from theological education in Ghana. This is evident in the nature of inaccessibility to infrastructure and information persons with disability experience. The furthest theological institutions have gone to address the issue of accessibility is to construct a few access routes (if that), which is actually a prerequisite from the National Accreditation Board in order to be accredited. Theological institutions do not have accessibility as part of their major plans, and have taken minimal steps out of compulsion.

Moreover, it was established in the previous sections that church attitudes towards persons with disability do indeed have an influence on their accessibility to theological education. Churches work hand in hand with theological institutions; churches recommend pastors for training and pastors return to work in churches after training. Theological institutions and churches need each other to exist. In Ghana, pastoral ministry for persons with disability is not yet acceptable. Due to the socio-cultural perception of disability, the leadership of persons with disability is frowned upon. This was demonstrated in the many negative attitudes directed towards the appointment of Dr Daanaa, as minister of state. The same is true in the church; the pastoral ministry of persons with disability is yet not welcomed. Contextualization helped to explore the various views of different participant groups. Persons with disability and disability experts strongly agree that granted accessibility, persons with disability can fully participate in pastoral ministry. Although some pastors and theological institutional heads are of the same opinion, it is not reflected in their exclusive ministries. Others are of the opinion that persons with disability cannot participate in pastoral ministry because of their disability, as ministry requires a lot of physical and spiritual work. They argue that it would be difficult for persons with disability to fulfil their duties, for instance, baptism and visitation. Another reason that surfaced why persons with disability cannot participate in pastoral ministry is because they were exempted from some Levitical priestly duties. But Yong (2011:18, 19) and Olyan (2008:31) clarify that the exemption of persons with disability from priesthood duties were only partial, in that there were priests with disability who could perform other duties outside the Holy Place, they were however, exempted from the high priesthood. In essence, perceptions regarding persons with disability in pastoral ministry and other exclusive attitudes from churches have an influence on their accessibility in theological education in Ghana. Therefore, the response to religious resources as the social construction of disability as a curse and biblical interpretation of disability reinforce each other, triggering stigmatization and exclusion of persons with disability from Ghanaian churches and theological education.

Finally, it is evident that persons with disability who managed to get enrolled at theological institutions encountered inaccessibility, stigmatization, discrimination, exclusion and lack of participation from their activities. It is evident that theological institutions that welcomed persons with disability did not endeavour to ensure their full inclusion, accessibility and participation. As recorded earlier, a Deaf person had to attend lectures without receiving any interpretation, and was expected to write the same exams along with hearing students. This is a clear picture of exclusion and lack of participation. Additionally, attitudes of discrimination and stigmatization is also evident in the story of a blind person who after completing the same course as the sighted students, the authorities decided to give him a certificate instead of a diploma, which held lower credits than the qualification he actually worked for. I conclude that there is lack of equity and access for persons with disability in theological education in Ghana, and this can be traced to the socio-cultural construction of disability as a curse, which fosters stigmatization and exclusion.

#### **6.4. Limitations**

Although the theories, concepts, methods, methodologies that were employed were successfully utilized to achieve the purpose of the study, this was not a straightforward and simple process due to the use of multiple methodologies.

Realist evaluation was not used in its entirety. The focus was on the context (C), mechanisms (M), and outcomes (O). It was mainly used to develop the cause and effect relationship between the Ghanaian culture/traditional belief system, stigmatization, exclusion, inaccessibility, and the lack of participation of persons with disability in theological education in Ghana. Thus, *how* and *why* the cultural religious resources mediate the relationship between stigmatization and exclusion of persons with disability from theological education in Ghana. Considering that realistic evaluation was used to the fullest, the study would have involved middle range theory testing and a focus on “what works for whom, and how”. However, the CMO was useful in proving the realities in Goffman’s (1963) theory on stigma and social identity. The other aspects of realist evaluation are possible opportunities for further research.

To be able to grant equity and access to theological education for persons with disability in Ghana, there is the need for further research to be carried out regarding the following: theological education and Universal Design (UD)/Universal Learning Design (UDL) in Ghana. The UD/UDL will be able to provide theological institutions with a step-by-step guide as to which facilities and learning methods to adopt in order to be physically accessible for persons with disability. Despite the aforementioned limitations, the study was successful in achieving the purpose of answering the research questions, as posed in chapter one.

## 6.5. Reliability

The study used multiple methods for data collection and data analysis to strengthen reliability. Multiple methods entail the use of more than one method, methodology, data source or theory in doing research. This supports the reliability of the study because it addresses weaknesses and biases that are related to the use of a single method (Gary, 2000).<sup>58</sup> The research employed the following approaches to qualitative research: social constructionism, cultural research and realist evaluation research. The use of multiple groups of participants, individual interviews, focus group interviews and observations to obtain primary data was fruitful. Furthermore, the use of different concepts and theories to analyse the data reinforced the reliability. Swinton and Mowat (2006:50) were used as the main framework for the data analysis, but within this framework the CMO configuration, sociological-anthropological inculturation and stigmatization were used as theories and concepts for data analysis.

Flores'<sup>59</sup> definition of social constructionism also explains Goffman's (1963:1) theory of stigma where people are categorized into a particular social identity because society determines what is normal or abnormal. Social constructionism explored the way disability is constructed in Ghana by Christian leaders and how their constructions and perceptions influence the extreme exclusion persons with disability experience from theological education/institutions. A cultural research approach was also used to explore the influence of the Ghanaian traditional belief system and culture on equal accessibility for persons with disability in theological education. The evaluation research approach was useful in investigating the causes, mechanisms and outcomes of access for persons with disability in theological education in Ghana.

The utilization of multiple methods for data collection was helpful in investigating the equity and access for persons with disability in theological education from different angles, which when combined is much more reliable than the use of a single method. So individual interviews, focus group interviews, observations, narratives and case studies were used in this regard. Individual interviews delved deeper into experiences, especially those of persons with disability. Focus group interviews enabled me to obtain diverse views during a single session. Observations at a church that included Deaf persons

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<sup>58</sup> Gary, D. 2000. *What Really Hinders Healing* [Online]. Viewed from: <http://dianagrayministries.net/accessibility/index.html>. [Date accessed: June 2014].

<sup>59</sup> Flores, L. (n.d.) "*What is Social Construction?*" Oakes College [Online]. Viewed from: <http://oakes.ucsc.edu/academics/Core%20Course/oakes-core-awards-2012/laura-flores.html>. [Date accessed: July 2014].

showed the feasibility, experiences, advantages and challenges of inclusive churches. Narratives of persons with disability were used in both the literature and data to show the kind of stigmatization and extreme exclusion persons with disability face in society. Lastly, case studies were also used in both the literature and primary data to reflect on equity and access for persons with disability in theological education.

The section on data analysis used missiological concepts of inculturation together with Goffman's stigma-theory and Swinton's concepts on disability within the theological reflection framework of Swinton and Mowat (2006:95) and the CMO configuration (Pawson & Tilley, 2005:365). To recap, Swinton and Mowat (2006:95) identify four stages of doing practical theological research: stage 1 - refers to the situation; stage 2 - cultural/contextual analysis; stage 3 - theological reflection, and stage 4 - formulating revised forms of practice. The research used theories and concepts related to sociological-anthropological inculturation, stigmatization and disability to analyse the data. The theological reflection framework provided the general framework within which the data was analysed. The sociological-anthropological inculturation focused on the dichotomy between the Ghanaian culture (which constructs disability as a curse) and theology/Christianity (which shows the influence of the Ghanaian culture and the traditional belief system on the inclusion/exclusion of persons with disability in society, church and theological education). The realist evaluation approach (CMO configuration) was helpful in evaluating causes of the stigmatization and extreme exclusion persons with disability face and the outcomes of social and theological mechanisms that impact on the equity and access to theological education for persons with disability in Ghana; and possible interventions that could bring about change in order to facilitate equity and access. This also strengthened the argument made by Bosch, that mission must bring about transformation.

Swinton and Mowat (2006:50) argue that even though some researchers stress the use of a single method, they are of the opinion that the best way to do practical theological qualitative research is to develop an appropriate style using different methods without being bound by any of them. They further argue that multiple methods are useful in validating the research. In other words, the various research designs and methodologies contribute to a more reliable research.

## **6.6. Recommendations**

This final section of the thesis proposes a number of recommendations to enhance accessibility for persons with disability in theological education in Ghana. This part of the research forms part of stage four of the practical theological reflection framework used for the analysis (Swinton & Mowat, 2006:95). Recommendations are based on inputs from the participants as well as literature and my own personal reflections based on the research findings. The following recommendations are proposed:

### **6.6.1. Reconstructing perceptions of disability in Ghana**

This research established that socio-cultural factors reinforce theological factors, which in turn influence the stigmatization and exclusion of persons with disability from Ghanaian churches. The implications further extend to equal accessibility for persons with disability in theological education in Ghana. The cultural religious resources mediate the relationship between stigmatization and exclusion of persons with disability from theological education in Ghana. Disability is socio-culturally constructed in the Ghanaian culture and traditional belief system as a curse due to an abomination by a person with disability, or a relative or ancestor. For this reason, persons with disability are deemed outcasts in the Ghanaian society; this is also reflected in the churches and exclusive attitudes of theological institutions towards them. Bevans and Schroeder (2004:34) are of the view that the greatest challenge to the missionary task is culture, in that “human culture can be a vehicle or an obstacle for communicating the gospel”. It either has new insights for Christianity, or it must be destroyed, or explored, or transformed. According to Küster (2003:73), people “construct their religious identities over and over again” based on “their life stories and the continuous changing context”. The Ghanaian culture is therefore currently an obstacle to the inclusion of persons with disability in society, churches and theological education. However, bringing Küster into perspective, cultures are dynamic and subject to change.

As a missiologist following Bosch’s proposal of transforming mission, refusing to accept reality as it is, which in this case is the negative influence of the Ghanaian culture on the inclusion of persons with disability in the Ghanaian society, churches and theological institutions. This reality is in need of transformation. Action should be geared towards reducing stigmatization. In Ghana there is a lot of advocacy going on, for instance, by the Ghana Federation of Disabled, nongovernmental organizations, disability unions and associations, amongst others. Although progress is being made, the socio-cultural constructions and perceptions of disability seem to be a setback. The government, which is mainly represented by the Ministry of Social Work, as well as the aforementioned organizations, churches and other stakeholders need to join the awareness campaign. This means a shift in focus from the abilities of persons with disability and some cultural practices to the general socio-cultural perceptions of disability, as in the medical and moral models. The social model of disability must also be projected in a gentle way, so as to highlight barriers in society. There have been many changes in Ghana, including cultural changes; so it is also possible for perceptions regarding disability to undergo a metamorphosis based on an effective approach. Therefore, if responses to the Ghanaian culture and traditional belief system are on the reverse, it will help in the de-stigmatization of persons with disability, which can possibly promote equity and access to theological education.

### **6.6.2. The Ghanaian culture as a resource for change (inculturation)**

This research has reiterated the influence of the Ghanaian culture on the stigmatization, inaccessibility and exclusion of persons with disability from society and theological education. I have presented the Ghanaian culture as an epitome of unity and hospitality in section 2.5.1. Although there are ten regions and several tribes in Ghana with their own diverse culture, there are overlaps, connoting unity and hospitality.

Ghanaian hospitality is expressed by the way guests are heartily welcomed into the homes of local members, i.e. by being offered a seat, water, and a handshake followed by an exchange of warm greetings, and inquiring into the welfare of those involved, including their absent relatives. One may ask why a culture that is so hospitable is so very hostile towards persons with disability. This is because Ghanaians attach spiritual meanings to occurrences in life, including disability, as Shiriko (2009:170) and Onyinah (2006:122) have attested to. This explains disability as curse in the Ghanaian culture and its influence on the stigmatization and exclusion of persons with disability from Ghanaian society with dire implications on theological education. Bevans and Schroeder (2004:34) highlight culture as a challenge to the missionary task. They are of the opinion that Type C theology sees human culture as good yet needs to be purified, perfected and healed due to human sin and enslavement (Bevans and Schroeder, 2004:70). I see the manifestation of both good and bad aspects of the Ghanaian culture. The latter is apparent in the way it triggers stigma and the exclusion of persons with disability; and the former, is evident in the way culture embodies hospitality and unity, and thereby, may foster accessibility/inclusion.

I argue that the Ghanaian culture, or inculturation for that matter, can be an intervention to the sufferance of stigmatization and exclusion of persons with disability from society and theological education. If Ghanaians are naturally hospitable towards their guests, then it is a cultural value to extend a warm hand of welcome in a non-discriminatory manner to persons with disability as well. If Ghanaians unite at the family and community level for common causes, i.e. ceremonies, then they can also unite for a common reason—to abhor stigmatization and exclusion of persons with disability. According to Mawusi (2009:98, 99), the Ghanaian hospitality of welcoming guests should challenge Ghanaians in welcoming Christ and others, as this is also a biblical value. He succinctly said: “A key African value is inclusiveness, which is seen concretely in expressions of African hospitality....” This is similar to the value of hospitality in the Bible. “Extend hospitality to strangers” (Rom. 12:13). “Do not neglect to show hospitality to strangers, for by doing that some have entertained angels without knowing it” (Heb. 13:2). I argue that it is both a cultural and biblical value to include persons with disability in society, which can possibly reflect on their accessibility to theological education in Ghana. Thomas Reynolds and other disability theologians have emphasised hospitality towards persons with disability.



Culturally, the *Adrinkra* symbols, as illustrated in section 2.5.1, can possibly serve as an intervention for the stigmatization and exclusion of persons with disability from both the society and Christian context; this is because Christians also wear prints with *Adrinkra* symbols. Inculturation is relevant in this regard because if redemptive meanings are attached to these symbols which are very cultural and traditional, they can foster accessibility. Section 4.3.1 highlights the relevance of inculturation in Ghana, as proposed by Mawusi (2009:93, 98, 99). Below is an explanation of the relevance of these *Adrinkra* symbols.<sup>60</sup>

- **ESE NE TEKREMA: “the teeth and the tongue”**

This is the symbol of friendship and interdependence. The teeth and the tongue play interdependent roles in the mouth. They may come into conflict, but they need to work together.

**Relevance for inclusion/accessibility:** Persons with disability and able-bodied individuals reside in the same society; therefore they should avoid stigmatization and exclusion. There is the need to harness each other’s role, as the teeth and tongue function interdependently in the mouth. Different accessibility issues may bring conflict such as constructions of disability and the healing pressure persons with disability experience in churches, as reported in this study. But there is the need to dwell together in peace.

- **NKONSONKONSON: “chain link”**

This is the symbol of unity and human relations. This serves as a reminder to the community that in unity lies strength.

**Relevance for inclusion/accessibility:** This simply means that in unity, much can be achieved. If persons with disability and able-bodied persons in Ghana unite, nothing is impossible, including accessibility.

- **MPATAPO: “knot of pacification/reconciliation”**

This is the symbol of reconciliation, peace-making and pacification. *Mpatapo* represents the bond or knot that binds parties in a dispute to a peaceful, harmonious reconciliation. It is a symbol of peace-making after strife.

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<sup>60</sup> Koutonin. (2013:63), *African Symbols for Creative Design*. Silicon Africa. np. Viewed from: <http://www.silicon africa.com/african-symbols-for-creative-design/>. [Date accessed: May 2016].

**Relevance for inclusion/accessibility:** This research proves that there is currently strife between persons with disability and able-bodied persons in Ghana. This is depicted in the stigma and exclusion of persons with disability from both society and the Christian community. This reconciliation symbol is relevant to unite persons with disability and society by ensuring equal accessibility.

- **BI NKA BI: “No one should bite the other”**

This is the symbol of peace and harmony. This symbol cautions against provocation and strife. The image is based on two fish biting each other’s tails.

**Relevance for inclusion/accessibility:** In plain language, this symbol can be interpreted as: no one should discriminate against persons with disability in Ghana.

- **SESA WO SUBAN: “Change or transform your character”**

This is the symbol of life transformation. This symbol combines two separate *Adinkra* symbols, the “Morning Star” which can mean a new start to the day, placed inside the wheel, representing rotation or an independent movement.

**Relevance for inclusion/accessibility:** Approached from a missiological perspective, this study is aimed at transforming society as well as the praxis of churches and theological institutions in Ghana to be inclusive and integrate persons with disability.

I firmly believe that although the Ghanaian culture has had a negative influence on the stigmatization and exclusion of persons with disability from theological education in Ghana, it can possibly be an intervening resource for inclusion/accessibility.

### **6.6.3. Missiological focus for Ghanaian churches and theological institutions**

As indicated in the preliminary chapters of this study, the theological dimension of this research is the all-inclusivity of the *missio Dei*. Being a missiological study, it is appropriate to consider the mission of the church in Ghana by providing equal access to persons with disability in theological education. The question asked here is: “What is the mission focus of Ghanaian churches?” Swinton (2011:274) poses the following question: “Who is the God we worship?” Bevans and Schroeder (2004:34) present six constants of mission—questions continually being asked and in need of being answered by the church in mission: 1). Who is Jesus Christ and what is His meaning? 2). What is the nature of the Christian church? 3). How does the church regard its eschatological future? 4). What is the nature of salvation it preaches? 5). How does the church value the human? 6). What is the value of human culture as the context in which the gospel is preached? These questions seek to incite reflection. Ghanaian

churches and theological institutions must endeavour to answer these questions to understand where they are in God's mission.

According to Swinton (2011:274), the *imago Dei* has been interpreted from an able-bodied hermeneutical perspective, so persons with disability are not respected and accepted for who they are. They must be accepted, respected and valued as human beings created in the *imago Dei*. Church leaders and Christians in Ghana must reconsider their theology and think about who God is, but most importantly, accept and value persons with disability for who they are because they are created in the image of God. This may possibly reduce the faith/healing pressure placed on persons with disability when they attend church. By coming to worship God and to fellowship they will then be more accepted and valued. The question posed above by Bevans and Schroeder are useful for churches and theological institutions to reflect on and reformulate their focus, priorities, policies, theologies and praxis with persons with disability in the foreground. The Jesus we serve is all-inclusive. Considering mission as *missio Dei*, God has a mission of reconciling the world and the church is the tool (Bosch, 1991:390). How have Ghanaian churches and theological institutions availed themselves for God's use in His mission? This is food for thought indeed!

According to Bosch (1991:393-401), mission as mediating salvation implies that mission must be holistic, so that salvation is not only limited to the individual's relationship with Christ but must also see the hatred, injustice, oppression, marginalization, violence and other forms of sufferance in the world as equally relevant. Mission as a quest for justice must deal with the tension of expressing the unconditional love within a context, which is filled with injustice. Salvation must bring joy and hope to everyone, especially the marginalized in society including persons with disability. Mission must resist any form of social injustice, discrimination, oppression, stigmatization and exclusion, etc. Moreover, Bevans and Schroeder (2004:348-395) state, "The triune God's missionary presence in creation is never about imposition but always about persuasion and freedom - respecting love, mission can no longer proceed in ways that neglect the freedom and dignity of human beings". They conclude that mission as participation in the mission of the triune God can only proceed in dialogue, and can only be carried out in humility—"bold humility"—as proposed by Bosch (1991:489). Thus, Ghanaian churches and theological institutions must review their ministries from a missiological perspective so that they reflect these missionary expectations. This is because the inaccessibility, stigmatization and exclusion persons with disability experience indicate that the churches have not considered the *missio Dei* to be an integral part of their ministries. If Ghanaian churches and theological institutions consider such reflections, it is possible that their policies, theologies, ministries and praxis will be impacted positively and grant equity and access to persons with disability in their ministries. I strongly argue that it is only if Ghanaian churches and theological institutions are equally accessible to persons with disability can they be considered to be fully involved in the *missio Dei*.

#### 6.6.4. Biblical texts on disability: The Bible as an intervention

According to Claassens (2013:55), Reynolds (2008:34, 35) and McNair & Sanchez (2008:36), among other disability theologians, the Bible has negatively influenced church attitudes towards persons with disability. From the field research, it is evident that this is indeed the situation in Ghana. The interpretation of biblical texts on disability have exacerbated the stigmatization, exclusion and inaccessibility persons with disability experience in Ghanaian churches and theological institutions. This means that the Bible as a religious resource mediates the relationship between the stigmatization and exclusion of persons with disability from theological education in Ghana. References are often made to healing miracles in the Bible to reinforce socio-cultural constructions of disability as a curse to stigmatize, oppress and exclude persons with disability from their ministries.

According to McNair & Sanchez (2008:36), biblical interpretations regarding disability have both positively and negatively impacted on the constructions of disability. For Reynolds (2008:34-35), although there are negative biblical texts on disability, there are also some texts that are positive. He therefore proposes that a hermeneutics of disability be approached in such a way that does not increase the sufferance of persons with disability. He calls this the *theological hermeneutic of disability* where there is a careful and negotiable biblical interpretation which takes into account the holistic historical, cultural, social, political frameworks of the biblical as well as current era. Hence, pastors in Ghana can adapt the *theological hermeneutic of disability*, as this can assist in preaching sermons that are liberating and welcoming.

Based on the above discussion, I propose the Bible as an intervention for the stigmatization, exclusion and lack of participation of persons with disability from Ghanaian churches and theological institutional ministries. This can assist Christian leaders to review their theologies of disability, which in turn will have an impact on their policies and praxis and possibly enable accessibility for persons with disability in Ghanaian churches and theological institutions. For instance, the biblical texts presented in chapter three (heading 3.6), although they have been interpreted negatively and thereby triggered the stigmatization and exclusion of persons with disability from Christian communities can conversely serve as an intervention. Leviticus 21:17-13 and John 9 are examples of disability texts in the Bible that have reinforced the stigmatization of persons with disability; however, as indicated by Reynolds, if the *theological hermeneutic of disability* is employed in interpretation, this can serve as an intervention.

Leviticus 21:17-13 has functioned as a yardstick regarding the exclusion of persons with disability from pastoral ministry. But Yong (2011:18, 19) and Olyan (2008:31) explain that the exclusion of Levitical priests in this text was only partial. Priests with disability were exempted from some of the duties of the high priesthood; however they could observe other activities outside the Holy place. This highlights the

point that there were Levitical priests with disability. They also emphasize that the prohibitions in the holiness code was not only targeted at persons with disability but there were other exclusionary factors. If this text, for instance, is reinterpreted from this perspective, it should do more good than harm.

Similarly, as indicated in chapter three regarding one of the central biblical texts in the conversation on theology and disability, Yong (2011:57) is of the opinion that a *normate* reading of John 9 indicates that the expectation is for blind persons to be healed. Furthermore, God is glorified in the healing (restoring of sight) of a blind person. But in her interpretation of John 9 Black (1996:60-64) highlights that the questioning of Jesus by the disciples about whose sin caused the man's blindness connotes how people in Jesus' time saw blindness as an imperfection, "meaning created imperfectly". In Jesus' time, persons with disability were regarded as imperfect or not whole; this is how disability is also viewed today. This relegates persons with disability to the status of second-class citizens. But Jesus' answer dispels that negative perception but raises another point regarding disability: for the work of God to be revealed (which is also interpreted in other versions as, 'for the glory of God to be revealed'). Although this has been interpreted differently by various theologians. Likewise, Yong (2011:57) indicates that if John 9 is read from a redemptive perspective (*theological hermeneutic of disability*) instead of a *normate hermeneutic*, then the blind man in John 9 would be identified as independent, as he could go to the pool of Siloam by himself.

It is clear that if a *theological hermeneutic of disability* is implemented when interpreting biblical texts on disability, it can possibly minimize the stigmatization and exclusion persons with disability suffer in Ghanaian Christian communities. This is why I propose the Bible as an intervention for the equal access for persons with disability in theological education in Ghana.

#### **6.6.5. Theological institutions: A reflection beyond obligation**

It is now well established that theological institutions in Ghana are inaccessible, and the few access routes that have been constructed were done out of compulsion. As mentioned previously, it is a requirement by the National Accreditation Board in order to obtain accreditation.

The recommendation is for theological institutions to look beyond the NAB's requirements and consider the significance of granting accessibility to persons with disability as an integral part of their activities. This will enable institutions to willingly seek ways to grant access. Theological institutions must endeavour to speak to the right stakeholders like the social welfare, disability unions and persons with disability for guidance on accessible facilities.

### 6.6.6. The United Church

This section approaches the churches in Ghana as one body. There is an old adage that goes like this: “united we stand, divided we fall”. Another reads: “strength in numbers”. This has been highlighted by the *Adrinkra* symbols, as discussed above. This is a recommendation from participants. Regarding the way forward, they proposed that Ghanaian churches must come together as one, regardless of denominational affiliation, with the united purpose of granting accessibility to persons with disability in theological education. Through the Ghana Christian Council, a particular theological institution should be selected, and resources put together to provide all the modern accessibility facilities by universal design (UD) and universal design for learning (UDL) standards. If churches in Ghana would put denominationalism aside and pursue this purpose, the above-mentioned adages would be truly reflected in Ghanaian Christianity, and the Ghanaian churches will indeed reflect the unity of the Body of our Lord Jesus Christ.

### 6.6.7. World Council of Churches (WCC) and disability<sup>61</sup>

Most churches in Ghana are either part of the Ghana Christian Council or the Ghana Pentecostal council. All these councils form part of the WCC. It is therefore relevant to consider the WCC’s stand on disability. These are some theological reflections for Ghanaian pastors and theological institutional heads to consider from the WCC’s ‘A Church of All and for All - An interim statement’ (2003).

Christ has torn down every wall of separation (Ephesians 2:14). But there are human walls of separation that still keep persons with disability behind. This contradicts the reconciliation ministry of Jesus Christ. Historically, disability has been interpreted as a loss, as something that illustrates the human tragedy. The stories in the gospels about how Jesus healed persons with different diseases and disabilities are traditionally interpreted as acts of liberation, stories of how human beings received possibilities to live a more enriched life. From that time, churches have often wrestled with how best to exercise an appropriate ministry for, to and with persons with disabilities.

The ecumenical movement also found itself faced with the necessity of addressing the issue. After the fourth assembly of the World Council of Churches in 1968, the theme —The Unity of the Church and the Renewal of Humankind emerged as a means of relating issues of the church and society. At the assembly, and subsequently thereafter, the attempt to explore the church as a more inclusive community intensified. A concern to address the inclusion of handicapped people in the church emerged within the Faith and Order Commission, and gathered momentum at the Louvain meeting of the Commission in

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<sup>61</sup> These excerpts are paraphrased, modified and directly quoted from the WCC’s document, ‘A Church of All and for All - An interim statement’ (2003).

1971. This first attempt to address the situation of persons with disabilities was a theological examination of service for the disabled in the light of the compassion of Christ.

In the period that followed, concern for persons with disabilities moved from theological reflection to practical questions of inclusiveness within churches and church communities. But often this reflection and action in the churches treated — persons with handicaps" and —the differently-abled and "persons with a disability (all those terms were designed to reflect inclusiveness and each replaced the other) as objects rather than subjects of reflection. The appearance of EDAN (Ecumenical Disabilities Advocates Network) founded at the WCC's 1998 assembly, and its assimilation into the WCC's structures within the Justice and Peace Creation Team (JPC) team has itself come to be a sign of hope in the process of conscientizing Christian churches and institutions, because now persons with disabilities are themselves the subjects or actors of reflection or action. EDAN works in the eight regions of the world serving as a network of support for persons with disabilities seeking to address the specific issues and challenges encountered in their own contexts.

However, there has been a growing awareness in some churches that persons with disabilities invite the church to explore anew the understanding of the Gospel and the nature of the church. This awareness was evident in the first interim statement at the 1997 Central Committee of the WCC, which sought to reflect theologically and engage the churches to be more inclusive. This new interim statement in collaboration with the Faith and Order Commission is the beginning stage of a continuous journey. It is not comprehensive but offers pointers and insight on major theological themes. It is hoped that the statement will also enable the churches to interact with the disability discourse and address the issue of inclusion/exclusion, active participation and full involvement in the spiritual and social life of the church in particular, and society in general.

Persons with disability have struggled hard to become recognized as persons with disability. They are seriously economically disenfranchised and experience some deprivation in their standard of living and/or employment opportunities. Another consequence is poverty of relationships and opportunity. They are also often vulnerable to discriminatory social trends.

No social group is ever the same; the same is true for persons with disability. We come from a variety of cultures, and are thus culturally conditioned in the same manner as every person. We are exposed to various kinds and levels of medical care and social attitudes. We have come to an acceptance of our disabilities by diverse routes. Some of us have been disabled since birth, either by a congenital condition or by the trauma of birth itself, whilst others have been victims of accidents or have had disabilities develop later in life. Each one of us has struggled to accept our disability and has found that we have been accepted or hindered in this acceptance by the quality of medical care or education we have



received, or by the attitudes of people who have had an influence on our lives and spiritual well-being. We have been supported by the bonds of different disability cultures such as the uniqueness of sign-language or a particular political understanding of our minority status. We wish to assert that our differences are part of the richness of disabled people as a group, and that we rejoice in them.

Those persons with disability who share the Christian faith are united by their awareness of God's love and Jesus' compassion for sick and disabled people, and find strength in the care of Christ. However, many have found that the church's teaching on this truth has been too limited, and have looked for their own understanding. Each one's awareness of how long he/she might expect to live, and their own faith experience have affected how they accept their disabilities. They have relied upon certain theological tools to address their existential needs to explain the mystery and paradox of love and suffering, coexisting and giving meaning to their lives.

We affirm that God loves all persons (including persons with disability) and extends the opportunity to all to respond to that love. We believe that every person with disability has the opportunity to find peace with God. As persons with disability wrestling with God, we all ask the same basic questions, but the theological enquiry involved may be complex. Why me or my loved one? Is there a purpose to my disability? The answers to these questions can be influenced by the expected time-span of a disability, and by the time and circumstance of its onset. Acceptance of a disabling impairment is influenced by how long one is expected to live and the quality of life one may have.

We have wrestled with God intellectually and physically to achieve this peace, and whilst some of us have been privileged to write intellectually about it, others have shown it in their innate gift of grace demonstrated in the love and affection shown to those who care for them so deeply. If so many persons with disability have this ability to come to terms with God, the church must surely find ways of accepting the gifts that we have to offer. It is not a case of meeting halfway but of full acceptance.

#### **6.6.8. Ten practical tips for becoming a disability friendly church [and theological institution] modified from RAMP UP and DisAbility Connexion (Möller & Watt)**

- Provide a warm, friendly and welcoming environment: Greet persons with disability as you would anybody else. Communicate that people affected by disability are loved, belong and are included in your church.
- Provide basic disability awareness training for youth, church staff and volunteers: Review basic disability etiquette tips. Invite a disability expert to your church. Obtain disability ministry resources. Ask persons with disability what they need.

- Improve accessibility. Make modifications where necessary: ASK people with different disabilities about their particular needs, difficulties they face at the premises and make the necessary changes. If necessary, modify access to the main entrance, the sanctuary, restrooms and classrooms. Accessible parking close to the entrance is very helpful.
- Provide opportunities for service to persons with disability: Include them in the leadership of the church. Utilize their services as ushers or greeters, or to serve communion. Invite persons with disability to read the scriptures, share their testimony, or to be part of worship and prayer teams.
- Provide disability friendly materials: Have large print Bibles available. Print song sheets for people with visual impairment. Consider providing assistive listening devices for persons with a hearing impairment as well as Braille facilities to translate lecture notes/textbooks and an audio library.
- Provide space for wheelchair users throughout the sanctuary/lecture halls: Shorten a few pews, or take chairs away from some rows so wheelchair users can sit with their families and friends.
- Provide a Sign Language interpreter for Deaf persons: Place a sign interpreter in a well-lit area, which is visible from every angle.
- General communication and interaction tips: Treat persons with disability with respect and as you would treat any other human being. Speak directly to them, and not via their family or caregivers. Remain relaxed, and try not to be awkward. Don't get caught up with fancy euphemisms, such as 'physically challenged' or 'differently abled'. Put the person first, not their disability.
- Provide assistance in accessible parking areas: Have an attendant available to help persons with disability from their vehicles. Offer to push their wheelchairs if needed. Have a wheelchair available to assist those with mobility difficulties.
- Provide a 'buddy' or mentor for those who might need assistance: Utilize assistants to help persons with disability in worship services. Have a 'buddy' system for children with disability in Sunday school classrooms.
- Add prayer to the above tips to be a welcoming and accessible church/theological institution in Ghana.

## **6.7. Avenues for further research**

The findings of this study illustrate the lack of equity and access for persons with disability in theological education/institutions in Ghana. In order to fully provide them with equal accessibility, further research would be needed in this regard. Thus, possible topics for further research include: Theological Education and Universal Design (UD) in Ghana – Further research on UD can assist in

investigating modern accessibility facilities, which can help integrate and include persons with disability in theological education in Ghana.

Theological Education and Universal Design for Learning (UDL) in Ghana – Similar to UD, UDL focuses on accessible teaching and learning designs and methods. Research in this direction may enhance accessibility for persons with disability in terms of teaching and learning.

Equity and access for persons with disability in theological education in Ghana – CIMO: ‘I’ refers to Interventions: “What works for whom in what circumstances and in what respects, and how?” (Pawson and Tilley, 2005:365): This research focused more on the socio-cultural and theological factors that influence the equity and access for persons with disability in theological education in Ghana. Although CIMO was very useful, it was not employed in totality. Additional research could further investigate interventions that pay particular attention to “what works for whom in particular contexts”. This can positively influence the equity and access for persons with disability in theological education in a more practical manner.

Even though inculturation theology was used as the conceptual framework for this study, the emphasis was on how the Ghanaian culture has influenced accessibility for persons with disability in Christian communities, particularly theological institutions. Additional research is therefore suggested, with a particular focus on inculturation as an intervention for the stigmatization and exclusion of persons with disability from Christian communities; this is worth further consideration. This can make the Ghanaian culture a relevant resource for the inclusion of persons with disability in Ghana.

## 6.8. Conclusion

This dissertation titled, ‘Equity and access for persons with disability (Blind persons, Deaf persons and persons with physical disability) in theological education, Ghana,’ is a missiological study that aimed at exploring the socio-cultural and theological factors that influence equal accessibility for persons with disability in theological education in Ghana.

The theological focus of the study was on the all-inclusivity of the *missio Dei* (Bosch, 1991:28; Bevans and Schroeder, 2004:348, 369). Stigmatization and inculturation were employed as conceptual frameworks to further investigate and realistically evaluate (to some extent) how the socio-cultural construction of disability in the Ghanaian culture and traditional belief system has influenced the equal accessibility for persons with disability in theological education in Ghana.

A qualitative approach was employed using social constructionism, cultural research and realistic evaluation to explore the disability phenomenon regarding access for persons with disability in theological education in Ghana. The questions posed were primarily: ‘How and why do social and theological factors influence equal accessibility to theological education for persons with disability in Ghana?’ And secondarily: ‘How and why do cultural religious resources influence the stigmatization and exclusion of persons with disability in accessing theological education in Ghana?’ The methodologies employed together with missiological/interreligious theological concepts and use of Swinton’s theological reflections of disability as a point of departure were successful in answering these questions.

It was established from the field research that disability is constructed, as in the social model of disability (as barriers in society that hinder accessibility for persons with disability), but not only constructed as in the moral model (as a curse/having spiritual influence) and medical model of disability (as disease that needs a cure/intervention) as was indicated in previous research. Contextualization, especially CMO (Pawson and Tilley, 2005:365) was helpful to arrive at such a conclusion. It was also discovered that persons with disability in Ghana experience stigmatization, extreme exclusion and lack of participation in societal life, which can be attributed to the socio-cultural construction of disability as a curse in the Ghanaian culture and traditional belief system. It is significant to note that the way disability is constructed in the Ghanaian culture and traditional belief system is not that different from the way it is constructed in the Ghanaian Christian context. Disability is therefore constructed in the Ghanaian Christian context as a curse which is an indication of inculturation where the culture and traditional belief system has influenced Christian attitudes towards persons with disability in Ghana. Societal and Christian attitudes towards persons with disability in Ghana which are embedded in the culture and traditional belief system also have a negative influence on equal accessibility to theological education for persons with disability in Ghana. Biblical interpretations of disability have reinforced socio-cultural constructions of disability as a curse to exclude persons with disability from theological education. In that there is constant pressure on persons with disability to obtain healing by faith due to biblical healing accounts. Pastoral ministry for persons with disability, although participants say it is a possibility, it is obviously clear that persons with disability have been excluded from pastoral ministry because of the *normate* interpretation exempting persons with disability from some Levitical priesthood duties in the holiness code. Persons with disability are also excluded from pastoral ministry because of their disability.

In essence, the reality of theological education for persons with disability in Ghana is that of stigmatization, exclusion and lack of participation. For persons with disability to equally access theological education in Ghana, there is a need for transformation in the praxis of the churches and theological institutions. I therefore propose the Ghanaian culture and the Bible, among others, as

interventions for accessibility for persons with disability in theological education in Ghana. If the Ghanaian cultural values of hospitality and unity vis-à-vis biblical values are highlighted, they can serve as a possible intervention for inclusion. Furthermore, if biblical texts on disability are interpreted from the perspective of a *theological hermeneutic of disability* (Reynolds, 2008:34-35), this can be redemptive, leading to the de-stigmatization of persons with disability in Ghanaian churches, which may lead to inclusion in churches and theological education.

Finally, I propose that it is only if Ghanaian churches and theological institutions are all-inclusive in their praxis and provide equity and access to persons with disability that they can be recognized as instruments, fully involved in the *missio Dei*.

In conclusion,

It is an apt time for the Christian church [and theological institutions in Ghana] to reflect on [their] core values and traditions and to allow the emergence of a theology of disability, with liberating meaning and power for all. The first task in developing a liberating theology of disability is to identify and confront the key aspects of the church's disabling theology beginning, as Eiesland (2005:584) has rightly reminded us, with its biblical roots.

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## APPENDICES

### Appendix 1

#### CODE LIST as exported from ATLAS.ti

It must be noted that the code list includes In Vivo codes and free/open coding:

In Vivo codes are verbatim phrases or statements and open codes are relevant statements that were coded but were not assigned to any particular code.



#### Codes: List of Codes and Associated Families

Codes	Code Families
"such people must be saved and..	
acceptance of disability	
access an afterthought	<ul style="list-style-type: none"> <li>• ACCESS TO THEOLOGICAL EDUCATION</li> <li>• ACCESSIBILITY FOR PWDs</li> <li>• ATTITUDES TOWARDS PWDs</li> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
access to church	<ul style="list-style-type: none"> <li>• ACCESS TO THEOLOGICAL EDUCATION</li> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
access to theological education	<ul style="list-style-type: none"> <li>• ACCESS TO THEOLOGICAL EDUCATION</li> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> </ul>
accessibility at Deaf church	<ul style="list-style-type: none"> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> </ul>
accessibility for PWDs	<ul style="list-style-type: none"> <li>• ACCESSIBILITY FOR PWDs</li> <li>• ATTITUDES TOWARDS PWDs</li> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>



acknowledgement of PWDs' calling	<ul style="list-style-type: none"> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> </ul>
anticipated challenges for PWD ministers	<ul style="list-style-type: none"> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> </ul>
as for the rejection if God is..	<ul style="list-style-type: none"> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
As for the rejection it is a l..	<ul style="list-style-type: none"> <li>• ATTITUDES TOWARDS PWDs</li> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> </ul>
attitudes of PWDs	<ul style="list-style-type: none"> <li>• ACCESSIBILITY FOR PWDs</li> </ul>
attitudes towards PWDs	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
born with disability	
can PWDs be ministers?	<ul style="list-style-type: none"> <li>• ACCESS TO THEOLOGICAL EDUCATION</li> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
charity	<ul style="list-style-type: none"> <li>• ATTITUDES TOWARDS PWDs</li> <li>• EXPERIENCES OF PWDs</li> </ul>
church attitudes towards PWDs	<ul style="list-style-type: none"> <li>• ACCESS TO THEOLOGICAL EDUCATION</li> <li>• ATTITUDES TOWARDS PWDs</li> <li>• EXPERIENCES OF PWDs</li> <li>• HEALING/FAITH</li> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
context	
current enrolment of PWDs	<ul style="list-style-type: none"> <li>• ACCESS TO THEOLOGICAL EDUCATION</li> </ul>
curse	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> <li>• TRADITIONS AND CULTURE</li> </ul>
Deaf culture their way Respond..	
disability as a demonic activity	<ul style="list-style-type: none"> <li>• ATTITUDES TOWARDS PWDs</li> <li>• EXPERIENCES OF PWDs</li> <li>• HEALING/FAITH</li> </ul>

	<ul style="list-style-type: none"> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> <li>• TRADITIONS AND CULTURE</li> </ul>
disability as a good lesson for others	<ul style="list-style-type: none"> <li>• ATTITUDES TOWARDS PWDs</li> <li>• EXPERIENCES OF PWDs</li> </ul>
disability as a medical condition	<ul style="list-style-type: none"> <li>• ATTITUDES TOWARDS PWDs</li> <li>• EXPERIENCES OF PWDs</li> <li>• HEALING/FAITH</li> </ul>
disability as a result of the fall	<ul style="list-style-type: none"> <li>• ATTITUDES TOWARDS PWDs</li> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> <li>• EXPERIENCES OF PWDs</li> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
disability since infancy	
disability through disease	
duration of disability	
education on disability	
ell according to the World Bli..	
everyone has a disability	
exclusion	<ul style="list-style-type: none"> <li>• ACCESSIBILITY FOR PWDs</li> <li>• ATTITUDES TOWARDS PWDs</li> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> <li>• TRADITIONS AND CULTURE</li> </ul>
exclusion from pastoral ministry due to disability	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
exclusion from pastoral ministry due to exclusion from OT priesthood	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> </ul>
expectations of PWDs from churches	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> </ul>
experiences of Deaf persons at an inclusive church	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> </ul>

experiences of Hearing Pastors of Deaf Church	
experiences of PWD ministers	<ul style="list-style-type: none"> <li>• ATTITUDES TOWARDS PWDs</li> <li>• EXPERIENCES OF PWDs</li> </ul>
experiences of PWDs	<ul style="list-style-type: none"> <li>• ATTITUDES TOWARDS PWDs</li> <li>• EXPERIENCES OF PWDs</li> <li>• TRADITIONS AND CULTURE</li> </ul>
faith	<ul style="list-style-type: none"> <li>• HEALING/FAITH</li> </ul>
fake healing/miracles	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> <li>• HEALING/FAITH</li> </ul>
family attitudes toward PWDs	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> <li>• HEALING/FAITH</li> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> <li>• TRADITIONS AND CULTURE</li> </ul>
family attitudes;neg	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> <li>• TRADITIONS AND CULTURE</li> </ul>
family attitudes;pos	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> </ul>
finance	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> </ul>
for the glory of God	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> <li>• HEALING/FAITH</li> </ul>
God didn't use a different san..	
Goffman	
government	
have knowledge about disability	
have not thought of access for PWDs	
He is saying that God who will..	<ul style="list-style-type: none"> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> </ul>
healing	<ul style="list-style-type: none"> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> <li>• HEALING/FAITH</li> </ul>

healing advertisements	<ul style="list-style-type: none"> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> <li>• EXPERIENCES OF PWDs</li> <li>• HEALING/FAITH</li> </ul>
Hmmm the stigma aspect well in..	<ul style="list-style-type: none"> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> </ul>
I'm talking about the church t..	<ul style="list-style-type: none"> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> </ul>
I know one young pastor far in..	<ul style="list-style-type: none"> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> </ul>
Imago Dei	<ul style="list-style-type: none"> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> </ul>
implementation	
inaccessible theological education	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
inclusion	<ul style="list-style-type: none"> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> </ul>
inclusive education	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> </ul>
involvement in disability ministry	
It's difficult to understand t..	
lack of knowledge about disability	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> </ul>
laws/policies	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> </ul>
level of awareness/training on disability	
motivation for working with PWDs	
motivation into disability field	
My view as a Christian but I a..	
NAB	
NO NO NO ACCESS	<ul style="list-style-type: none"> <li>• CHRISTIAN ATTITUDES TOWARDS PWDs</li> <li>• EXPERIENCES OF PWDs</li> <li>• PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
not everyone is healed	
occupation of PWD	
participation in pastoral ministry	
past enrolment of PWDs	

pastor nick	<ul style="list-style-type: none"> <li>CHRISTIAN ATTITUDES TOWARDS PWDs</li> </ul>
Pastors' attitudes towards PWDs	<ul style="list-style-type: none"> <li>EXPERIENCES OF PWDs</li> </ul>
perceptions of hearing members of DC	<ul style="list-style-type: none"> <li>EXPERIENCES OF PWDs</li> </ul>
perceptions on exclusion for different types of disability	<ul style="list-style-type: none"> <li>EXPERIENCES OF PWDs</li> </ul>
personal encounter with PWDs	
plans for PWDs	
possible reactions to PWD applicants	
PWD's desire for pastoral ministry	<ul style="list-style-type: none"> <li>EXPERIENCES OF PWDs</li> </ul>
PWD staff	<ul style="list-style-type: none"> <li>PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
PWDs are normal persons	
PWDs as ministers of PWDs	
PWDs motivation for pastoral ministry	
PWDs quest for theological education	
Reactionary theory	
reasons for lack of access	<ul style="list-style-type: none"> <li>PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
rejection	<ul style="list-style-type: none"> <li>PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
reverend let us just try to im..	
sin	<ul style="list-style-type: none"> <li>ATTITUDES TOWARDS PWDs</li> </ul>
SL interpretation	<ul style="list-style-type: none"> <li>PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
so education is the key we mus..	
social model of disability	<ul style="list-style-type: none"> <li>ATTITUDES TOWARDS PWDs</li> <li>EXPERIENCES OF PWDs</li> <li>PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>
Sovereignty of God	
special education	<ul style="list-style-type: none"> <li>PWDs' EXCLUSION/PARTICIPATION IN PASTORAL MINISTRY</li> </ul>

spirituality of PWDs	
stigmatization	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> <li>• TRADITIONS AND CULTURE</li> </ul>
such people must be saved”	
They say he that sits by the f..	
Tradition is tradition and the..	<ul style="list-style-type: none"> <li>• EXPERIENCES OF PWDs</li> <li>• TRADITIONS AND CULTURE</li> </ul>
traditions & culture	<ul style="list-style-type: none"> <li>• ATTITUDES TOWARDS PWDs</li> <li>• TRADITIONS AND CULTURE</li> </ul>
way forward	
We did not envisaged and we ar..	<ul style="list-style-type: none"> <li>• ATTITUDES TOWARDS PWDs</li> </ul>
We ourselves will have to have..	
well according to the World Bl..	
Well actually I would like to ..	
well, you know, I believe when..	
what is disability?	
Why my research is on disability?	
Yeah i'm i believe these thing..	
Yeah instead of targeting the ..	
you know I go to church not be..	
you know if God wants to heal ..	

## **Appendix 2**

### **Guide Interview Questions for Field Work**

#### **ABBREVIATIONS**

PWDs	Persons with Disability
SMD	Social Model of Disability



## 1. JUSTIFICATION FOR INTERVIEWS

Modified from Mason's Chart for Linking Research Questions and Methods<sup>62</sup>

INTERVIEWS	JUSTIFICATION
1. Christian PWDs	Interviews will explore the reality of disability in Ghana: Interpretation of disability, behaviours and attitudes towards PWDs and their responses.
2. PWDs in Christian Ministry e.g. Pastors	This will give insight into experiences of Pastors with Disability. This will be useful in considering better ways to include them.
3. Leaders (Pastors) of Churches with PWDs	Interview for Pastors with PWDs in their Churches will explore the motivations, successes and challenges of ministry to PWDs.
4. Church Leaders (Pastors)	Interview for pastors will help gain knowledge of interpretations of disability from theological perspective. It will explain their inclusive/exclusive attitudes towards PWDs. It will also provide information on possible challenges behind exclusion of PWDs which is helpful in addressing equity and access.
5. Leaders of Theological Institutions	Interview for Leaders of Theological institutions will explore interpretations of disability from theological perspective. It will explain their inclusive/exclusive attitudes towards PWDs. It will also provide information on possible challenges behind exclusion of PWDs which is helpful in addressing equity and access.
6. Disability Experts	Interviews for disability experts will provide expert information on PWDs and how to include them in theological education in Ghana.

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<sup>62</sup> Mason, J. 2002. Qualitative Researching. Sage.

## 2. INTERVIEW QUESTIONS FOR PWDS (CHRISTIANS)

Modified from Mason's Chart for Linking Research Questions and Methods<sup>63</sup>

INTERVIEW QUESTIONS	JUSTIFICATION
1. How long have you lived with a disability?	This question will provide information as to whether, the PWD was born with a disability or not.
2. Tell me about your experience as a PWD.	This will explore how society has treated them due to a disability especially regarding the Social Model of Disability (SMD)
3a. What do you have to say about stigma?	Stigma is one of the main attitudes that disable PWDS according to the SMD. It is one of the main concepts of the research. This will help to gain insight into how PWDS are stigmatized and the effect of stigma on their inclusion.
b. How has stigma affected your ministry	
4. How have you managed to cope with challenges you have due to a disability?	This will explore the place of society in the management of stigma.
5. Was your education inclusive or in a special school?	To provide information on the PWDS experience with inclusive education.
6. Do you feel people understand disability culture?	This will explore how much information people have on disability culture as this is vital in relating with PWDS.
7. Would you say that disability has hindered you from achieving certain goals?	This will provide information on equity and access for PWDS to social amenities especially education.
8.a. What do you say about the way people interpret disability?	This will give insight into how disability is constructed and its effect on PWDS.
8.b. What about the recent preaching about faith and healing?	
	This will render knowledge on views on disability theology by PWDS.
9. How accessible is your church?	Will explore the exclusive/ inclusive attitude of the Church towards PWDS.

<sup>63</sup> Mason, J. 2002. Qualitative Researching. Sage.

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|---|--|
| 10. What do you say about PWDs becoming leaders such as pastors, evangelist, elders and deacons etc.? | This is the core of this research. It will give knowledge of the views of PWDs themselves on Christian leadership. |
| 11. What is your view on Theological Training for PWDs?   | Will help find out how prepared PWDs are for theological education.  |
| 12. What do you think the Church and institutions should do to enhance Inclusion?                     | Will give helpful information about how to include PWDs from their own perspective.                                |
| 13. If given the opportunity, what would you have done that you have not yet been able to do?         | This will explore equity and access for PWDs.  |

### 3. INTERVIEW QUESTIONS: PWDS IN CHRISTIAN MINISTRY

Modified from Mason's Chart for Linking Research Questions and Methods<sup>64</sup>

#### INTERVIEW QUESTIONS

#### JUSTIFICATION

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|---|---|
| 1. How long have you lived with a disability?   | This will provide information as to whether, the PWD was born with a disability or not.   |
| 2. What has motivated you to be in ministry?  | This will explore the motivations of PWDs to go into Christian ministry despite their disability.   |
| 3. Tell me your experience as a minister with disability?                                     | This will investigate the Church's attitude towards PWD leadership.   |
| 4a. What do you have to say about stigma.   | Stigma is one of the main attitudes that disable PWDs according to the SMD. It is one of the main concepts of the research. This will help to gain insight into how PWDs are stigmatized and the effect of stigma has |
| b. How has stigma affected your ministry?   | This will give insight into how disability is constructed and its effect on PWDs.   |
| 5a. What do you say about the way People interpret disability?                                | This will provide knowledge on views on disability theology by PWDs.  |
| b. What about the recent preaching on faith and healing?                                      | Will explore the exclusive/ inclusive attitude of the Church towards PWDs.  |
| 6. Tell me about your church and accessibility.   | Will help find out how prepared PWDs are for theological education.   |
| 7. What is your view on Theological Training for PWDs?  | This will give information about the theological background.  |
| 8. Do you have any form of theological training? (If not, Why?)                               | This question is important in exploring the accessibility of theological institutions to PWDs   |
| 9. Would you say that theological institutions in Ghana are accessible to PWDs?               | Will give helpful information on how to include PWDs from their own perspective.  |
| 10. What do you think the Church and theological institutions should do to enhance Inclusion? |   |

<sup>64</sup> Mason, J. 2002. Qualitative Researching. Sage.

#### 4. LEADERS (PASTORS) OF CHURCHES WITH PWDS

Modified from Mason's Chart for Linking Research Questions and Methods<sup>65</sup>

INTERVIEW QUESTIONS	JUSTIFICATION
1. What is your understanding of disability?	Helpful in understanding how Christian leaders interpret disability.
2. If God created man in His image, what is your understanding of disability regarding the image of God?	Will explore pastor's views on the theology of disability.
3. God heals and does miracles, how would you reconcile faith, healing and disability?	Will explore pastor's views on the theology of disability.
4. Traditionally, disability is perceived as a curse or punishment on a family, what is your view on this?	Helpful in understanding how Christian leaders interpret disability.
5. What have you got to say about Stigma regarding disability?	Stigma is one of the main attitudes that disable PWDs according to the SMD. It is one of the main concepts of the research. This will help to gain insight into how pastors understand the effect of stigma on the inclusion of PWDs.
6. Would you say that the Ghanaian Church been accessible to PWDs?	Will explore the exclusive/ inclusive attitude of the Church towards PWDs.
7. What facilities do you have in place for PWDs to access your service?	Is useful in knowing the extent to which they have gone with inclusion.
What do you say about PWDs becoming leaders such as pastors, evangelist, elders and deacons etc.?	This will seek pastors' opinion on PWDs in Christian ministry.
8. How does the Church's attitude towards PWDs influence their access to theological education?	This question is important in exploring the accessibility of theological institutions to PWDs and the role of the Church in this.

<sup>65</sup> Mason, J. 2002. Qualitative Researching. Sage.

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| 9. What motivated you to include PWDs in your ministry?  | Seeking insight to motivations for ministry to PWDs.                                   |
| 10. Tell me your experience so far with your ministry with PWDs.                                     | This will explore achievements and challenges Churches face in their ministry to PWDs. |
| 11. What must the Church do to improve equity and access to theological education for PWDs in Ghana? | Will give helpful information on how to include PWDs from the Pastor's perspective.    |

## 5. INTERVIEW QUESTIONS: CHURCH LEADERS (PASTORS)

Modified from Mason's Chart for Linking Research Questions and Methods<sup>66</sup>

INTERVIEW QUESTIONS	JUSTIFICATION
1. What is your understanding of disability?	Helpful in understanding how Christian leaders interpret disability.
2. What is your understanding of disability regarding the image of God?	Will explore pastor's views on the theology of disability.
3. How would you reconcile faith, healing and disability?	Will explore pastor's views on the theology of disability.
4. What is your view on how disability is interpreted in the Ghanaian culture and traditional belief system?	Helpful in understanding how Christian leaders interpret disability.
5. What have you got to say about Stigma regarding disability?	Stigma is one of the main attitudes that disable PWDs according to the SMD. It is one of the main concepts of the research. This will help to gain insight into how pastors understand the effect of stigma on the inclusion of PWDs.
6. Do you have any Ministry towards PWDs? (How?)	Will explore the exclusive/ inclusive attitude of the Church towards PWDs
7. What facilities do you have in place for PWDs to access your service? (Why?)	Will explore the exclusive/ inclusive attitude of the Church towards PWDs
8. What do you say about PWDs becoming leaders such as pastors, evangelist, elders and deacons etc.?	This will seek pastors' opinion on PWDs in Christian ministry.

<sup>66</sup> Mason, Jenifer. Qualitative Researching. Sage: 2002



## INTERVIEW QUESTIONS: THEOLOGICAL INSTITUTIONAL LEADERS

Modified from Mason's Chart for Linking Research Questions and Methods<sup>67</sup>

INTERVIEW QUESTIONS	JUSTIFICATION
1. What is your understanding of disability?	Helpful in understanding how Christian leaders interpret disability.
2. What is your understanding of disability regarding the image of God?	Will explore pastor's views on the theology of disability.
3. How would you reconcile faith, healing and disability?	Will explore pastor's views on the theology of disability.
4. What is your view on how disability is interpreted in the Ghanaian culture and traditional belief system?	Helpful in understanding how Christian leaders interpret disability.
5. What have you got to say about Stigma regarding disability?	Stigma is one of the main attitudes that disable PWDs according to the SMD. It is one of the main concepts of the research. This will help to gain insight into how pastors understand the effect of stigma on the inclusion of PWDs.
6. What facilities do you have in place for PWDs to access your service? (Why?)	Will explore the exclusive/ inclusive attitude of the Church towards PWDs
7. What would you say is the reason why your institution has no or little facilities for PWDs?	Possibility of revealing the reasons behind the lack of equity and access for PWDs.
8. What is your view on the fact that according to the constitution of Ghana, all institutions must be accessible to PWDs?	Will investigate Theological institutions' compliance to law and policies.

<sup>67</sup> Mason, Jenifer. Qualitative Researching. Sage: 2002

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| 9. How does the Church's attitude towards PWDs influence their access to theological education?      | This question is important in exploring the accessibility of theological institutions to PWDs and the role of the Church in this.   |
| 9. What do you say about PWDs becoming leaders such as pastors, evangelist, elders and deacons etc.? | This will seek pastors' opinion on PWDs in Christian ministry. It will also find out the stand of theological institutions on PWDs. |
| 10. What will you do to grant equity and access for PWDs?  | This will show how prepared theological institutions are for inclusion.   |

## 6. INTERVIEW QUESTIONS: DISABILITY EXPERTS

Modified from Mason's Chart for Linking Research Questions and Methods<sup>68</sup>

INTERVIEW QUESTIONS	JUSTIFICATION
1. What is your understanding of Disability?	This will give insight into the definition of disability from a professional point of view.
2. What motivated you into this field (Disability)?	Will explore motivations to this field of study.
3. What is your understanding of disability regarding the image of God?	This is useful in reconciling the Disability Theology with professional definition.
4. How would you reconcile faith, healing and disability?	This is useful in reconciling the Disability Theology with professional definition.
5. What is the reason for the neglect of PWDs?	Will seek understanding into the problem of neglect of PWDs.
6. What is your view on stigma and disability?	Stigma is one of the main attitudes that disable PWDs according to the SMD. It is one of the main concepts of the research. This will help to gain insight into how pastors understand the effect of stigma on the inclusion of PWDs.
7. Can PWDs become leaders such as pastors, evangelist, elders and deacons etc.?	This will seek disability expert opinion on PWDs in Christian ministry.
8. What must theological institutions do to ensure inclusion of PWDs?	Will provide helpful information on how to include PWDs from an expert's perspective.

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<sup>68</sup> Mason, J. 2002. Qualitative Researching. Sage.